

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34755 (9)

1. Corporation Name
COUNTRY PARK MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2331 BELLEAIR RD. #208 CLEARWATER FL 34624	Mailing Address 2331 BELLEAIR RD. #208 CLEARWATER FL 34624
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3. Date Incorporated or Qualified 12/19/1984	3a. Date of Last Report 08/29/1995
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2. Principal Place of Business 21 2331 Belleair Rd. Suite, Apt. #, etc. 22 Lot #112 City & State 23 Clearwater, FL Zip 24 34624	2a. Mailing Address 26 2331 Belleair Rd. Suite, Apt. #, etc. 27 Lot # 112 City & State 28 Clearwater, FL Zip 29 34624	Country 25 USA	Country 30 USA	4. FEI Number 59-2479094 Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	6. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent SCHMOLL, MARJORIE R. 2331 BELLEAIR RD. #208 CLEARWATER FL 34624	10. Name and Address of New Registered Agent 81 Name Geraldine R. Jenkins 82 Street Address (P.O. Box Number is Not Acceptable) 2331 Belleair Rd. #112 83 84 City Clearwater FL 85 Zip Code 34624
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Geraldine R. Jenkins* (NOTE: Registered Agent signature required when reinstating) DATE: **2-20-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: HATFIELD, KEITH	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD Kenneth Coy
STREET ADDRESS: 2331 BELLEAIR RD #713	CITY-ST-ZIP: CLEARWATER FL	1.2 NAME:	1.3 STREET ADDRESS: 2331 Belleair Rd. # 529
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: SCHULTZ, ERIC	1.4 CITY-ST-ZIP: Clearwater, FL 34624	2.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2331 BELLEAIR RD #506	CITY-ST-ZIP: CLEARWATER FL	2.2 NAME: John Rogers	2.3 STREET ADDRESS: 2331 Belleair Rd. # 714
TITLE: SD <input type="checkbox"/> DELETE	NAME: INSCO, ETHEL	2.4 CITY-ST-ZIP: Clearwater, FL 34624	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2331 BELLEAIR RD., #809	CITY-ST-ZIP: CLEARWATER FL	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: TD <input checked="" type="checkbox"/> DELETE	NAME: SCHMOLL, MARJORIE R.	3.4 CITY-ST-ZIP:	4.1 TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2331 BELLEAIR RD., #208	CITY-ST-ZIP: CLEARWATER FL	4.2 NAME: Geraldine R. Jenkins	4.3 STREET ADDRESS: 2331 Belleair Rd. #112
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: COY, KENNETH	4.4 CITY-ST-ZIP: Clearwater, FL 34624	5.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2331 BELLEAIR RD #8529	CITY-ST-ZIP: CLEARWATER FL	5.2 NAME: Doreen Fellmer	5.3 STREET ADDRESS: 2331 Belleair Rd. # 237
TITLE: D <input type="checkbox"/> DELETE	NAME: MCKENZIE, WARREN	5.4 CITY-ST-ZIP: Clearwater, FL 34624	5.5 CITY-ST-ZIP: Clearwater, FL 34624
STREET ADDRESS: 2331 BELLEAIR RD #105	CITY-ST-ZIP: CLEARWATER FL	6.1 TITLE:	6.2 NAME:
TITLE:	NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	800001727828 -02/29/96--01030--020 ***200.00	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth Coy (Pres.)* KENNETH COY DATE: **2-21-96** 530-0627

CR2E034 (12/95)