

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H34755 (9)
 1. Corporation Name
COUNTRY PARK MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2331 BELLEAIR RD. LOT #112 CLEARWATER FL 34624	Mailing Address 2331 BELLEAIR RD. LOT #112 CLEARWATER FL 34624-2706
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3. Date Incorporated or Qualified 12/19/1984	3a. Date of Last Report 02/29/1996
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21. Principal Place of Business 2331 Belleair Rd Suite, Apt. #, etc. 231 Lot # City & State CLEARWATER FL.	22. Mailing Address 2331 Belleair Rd Suite, Apt. #, etc. Lot # 231 City & State Clearwater Fl.
24. Zip 34624	25. Country U.S.A.

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
JENKINS, GERALDINE R
2331 BELLEAIR RD.
#112
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
 81 Name
SWEET, DIANE R.
 82 Street Address (P.O. Box Number is Not Acceptable)
2331 Belleair Rd. # 231
 83
 84 City
Clearwater Fl. **FL** 85 Zip Code
34624

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 *Diane Sweet* DATE **2-10-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COY, KENNETH	
STREET ADDRESS	2331 BELLEAIR RD. #529	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, JOHN	
STREET ADDRESS	2331 BELLEAIR RD. #714	
CITY-ST-ZIP	CLEARWATER FL 32624	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	INSCO, ETHEL	
STREET ADDRESS	2331 BELLEAIR RD., #809	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, GERALDINE R	
STREET ADDRESS	2331 BELLEAIR RD. #112	
CITY-ST-ZIP	CLEARWATER FL 32624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLMER, DOREEN	
STREET ADDRESS	2331 BELLEAIR RD. #237	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKENZIE, WARREN	
STREET ADDRESS	2331 BELLEAIR RD #105	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hatfield, Keith	
1.3 STREET ADDRESS	2331 Belleair Rd. #713	
1.4 CITY-ST-ZIP	Clearwater Fl. 34624	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Coy, Kenneth	
2.3 STREET ADDRESS	2331 Belleair Rd. #529	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Insko Ethel	
3.3 STREET ADDRESS	2331 Belleair Rd. # 809	
3.4 CITY-ST-ZIP	Clearwater Fl. 34624	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sweet, Diane	
4.3 STREET ADDRESS	2331 Belleair Rd. # 231	
4.4 CITY-ST-ZIP	Clearwater Fl. 34624	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fellmer, Doreen	
5.3 STREET ADDRESS	2331 Belleair Rd. # 237	
5.4 CITY-ST-ZIP	Clearwater Fl. 34624	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Tweddale, James	
6.3 STREET ADDRESS	2331 Belleair Rd. #119	
6.4 CITY-ST-ZIP	Clearwater Fl. 34624	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)