

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

FILED

**Jan 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 #231 CLEARWATER FL 34624 US	Mailing Address 2331 BELLEAIR RD. LOT #231 CLEARWATER FL 34624 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/19/1984	4. FEI Number 59-2479094	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip	25. Country	29. Zip	30. Country	

9. Name and Address of Current Registered Agent SWEET, DIANE R. 2331 BELLEAIR RD. #231 CLEARWATER FL 34624				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City	FL	85. Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATFIELD, KEITH 2331 BELLEAIR RD #713 CLEARWATER FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	WARREN MCKENZIE 2331 BELLEAIR RD #105 CLEARWATER FL. 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COY, KENNETH 2331 BELLEAIR RD. #529 CLEARWATER FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	JAMES TEWDDALE 2331 BELLEAIR RD. #119 CLEARWATER FL. 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INSCO, ETHEL 2331 BELLEAIR RD. #809 CLEARWATER FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	JERRI JENKINS 2331 BELLEAIR RD. #112 CLEARWATER FL. 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEET, DIANE 2331 BELLEAIR RD. #231 CLEARWATER FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIANE SWEET 2331 BELLEAIR RD. #231 CLEARWATER FL. 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLNER, DOREEN 2331 BELLEAIR RD. #237 CLEARWATER FL 34624 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DOREEN FELLNER 2331 BELLEAIR RD. # 237 CLEARWATER FL. 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWEEDALE, JAMES 2331 BELLEAIR RD. #119 CLEARWATER FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	JOE GREENWOOD 2331 BELLEAIR RD. # 611 CLEARWATER FL. 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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.

SIGNATURE: DIANE SWEET, TREASURER *Diane Sweet* 1-14-98

CR2E084 (10/97)