

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90037 010 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H34755**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2479094	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
25		29		30	

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

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* **DIANE R. SWEET** TREASURER **2-1-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, WARREN	1.2 NAME	
STREET ADDRESS	2331 BELLEAIR RD #105	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEWDDALE, JAMES	2.2 NAME	KEITH Hatfield
STREET ADDRESS	2331 BELLEAIR RD #119	2.3 STREET ADDRESS	2331 BELLEAIR Rd # 713
CITY-ST-ZIP	CLEARWATER FL 33764	2.4 CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JERRI	3.2 NAME	JUNE Golding
STREET ADDRESS	2331 BELLEAIR RD #112	3.3 STREET ADDRESS	2331 Belleair Rd. #117
CITY-ST-ZIP	CLEARWATER FL 33764	3.4 CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, DIANE	4.2 NAME	
STREET ADDRESS	2331 BELLEAIR RD. #231	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLMER, DOREEN	5.2 NAME	
STREET ADDRESS	2331 BELLEAIR RD. #237	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWOOD, JOE	6.2 NAME	C. P. FALKENHAINER
STREET ADDRESS	2331 BELLEAIR RD #611	6.3 STREET ADDRESS	2331 BELLEAIR Rd. # 501
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	CLEARWATER FL 33764

14. I 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, with all other like empowered.

SIGNATURE: *Diane Sweet* **DIANE R. SWEET** 2-1-99. 787-531-1602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)