

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90020 005 \*\*\*150.00

**DOCUMENT # H34755**

1. Entity Name

**COUNTRY PARK MOBILE HOMEOWNERS ASSOCIATION, INC.**

**00043646**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2331 BELLEAIR RD.  
 LOT #231  
 CLEARWATER FL 34624  
 US

2331 BELLEAIR RD.  
 LOT #231  
 CLEARWATER FL 33764-2769  
 US

2. Principal Place of Business

3. Mailing Address

2331 BELLEAIR RD

Suite, Apt. #, etc.  
 LOT # 408

Suite, Apt. #, etc.

City & State  
 CLEARWATER FL.

City & State

4. FEI Number **59-2479094**

Applied For  
 Not Applicable

Zip  
 34624

Country  
 US

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEET, DIANE R.  
 2331 BELLEAIR RD.  
 #231  
 CLEARWATER FL 34624

Name **BENNETT, ROBERT A.**

Street Address (P.O. Box Number is Not Acceptable)

**2331 BELLEAIR RD. # 408**

City **CLEARWATER FL.** FL Zip Cpd **34624**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, WARREN	
STREET ADDRESS	2331 BELLEAIR RD #105	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HATFIELD, KEITH	
STREET ADDRESS	2331 BELLEAIR RD #119	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOLDING, JUNE	
STREET ADDRESS	2331 BELLEAIR RD #112	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWEET, DIANE	
STREET ADDRESS	2331 BELLEAIR RD. #231	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELLMER, DOREEN	
STREET ADDRESS	2331 BELLEAIR RD. #237	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FALKENHAINE, C. P.	
STREET ADDRESS	2331 BELLEAIR RD #611	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT MILORAD	
STREET ADDRESS	2331 BELLEAIR RD #708	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSELGAARD, DEAN	
STREET ADDRESS	2331 BELLEAIR RD. #117	
CITY-ST-ZIP	CLEARWATER, FLA 33764	
TITLE	VD of Van Zandt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2331 BELLEAIR RD #521	
CITY-ST-ZIP	CLEARWATER, FL. 33764	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ROBERT	
STREET ADDRESS	2331 BELLEAIR RD #408	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Welmeis	
STREET ADDRESS	2331 Belleair Rd #116	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVY COCHRAN	
STREET ADDRESS	2331 Belleair Rd. #609	
CITY-ST-ZIP	CLEARWATER, FL. 33764	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** *Robert Bennett 3/20/00 727 539 6701*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 1231 5850677