


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90003 018 \*\*\*150.00

DOCUMENT # *H34755*

1. Entity Name  
*COUNTRY PARK Mobile Homeowners ASSOCIATION, INC*



**DO NOT WRITE IN THIS SPACE**

**44012483**

2. Principal Place of Business  
*2331 BELLEAIR RD*  
Suite, Apt. #, etc.

3. Mailing Address  
*2331 BELLEAIR RD*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*CLEARWATER FL.*

City & State  
*CLEARWATER FL.*

Zip  
*33764*

Country  
*U.S.*

Zip  
*33764*

Country  
*US*

4. FEI Number  
*59-2479094*

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Bill Curry*

Street Address (P.O. Box Number is Not Acceptable)  
*2331 BELLEAIR RD*

*UNIT 308*

City  
*CLEARWATER*

FL

Zip Code  
*33764*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bill Curry*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	<i>PRESIDENT</i>	TITLE	
NAME	<i>JOHN DOWNEY</i>	NAME	
STREET ADDRESS	<i>2331 BELLEAIR RD UNIT 120</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CLEARWATER FL 33764</i>	CITY-ST-ZIP	
TITLE	<i>LYNN SHULTZ</i>	TITLE	
NAME	<i>LYNN SHULTZ</i>	NAME	
STREET ADDRESS	<i>2331 BELLEAIR RD UNIT 120</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CLEARWATER FL 33764</i>	CITY-ST-ZIP	
TITLE	<i>TREASURER</i>	TITLE	
NAME	<i>BILL CURRY</i>	NAME	
STREET ADDRESS	<i>2331 BELLEAIR RD</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>DIRECTOR</i>	TITLE	
NAME	<i>JEANNINE BOISVERT</i>	NAME	
STREET ADDRESS	<i>2331 BELLEAIR RD UNIT 815</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CLEARWATER FL 33764</i>	CITY-ST-ZIP	
TITLE	<i>DIRECTOR</i>	TITLE	
NAME	<i>JOHN GARCEAN</i>	NAME	
STREET ADDRESS	<i>2331 BELLEAIR RD UNIT 414</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CLEARWATER FL 33764</i>	CITY-ST-ZIP	
TITLE	<i>DIRECTOR</i>	TITLE	
NAME	<i>AL FAULKNER</i>	NAME	
STREET ADDRESS	<i>2331 BELLEAIR RD</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CLEARWATER FL 33764</i>	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Curry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *JAN 26/04* Daytime Phone # *727 507-9639*

CR2E034B (12/02)