

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

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 038 ***150.00

DOCUMENT # <u>H34755</u>	
Entity Name <u>Country Park Mobile Homeowners Assoc. Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2331 Belleair Rd</u> Suite, Apt. #, etc.	3. Mailing Address <u>2331 Belleair Rd</u> Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State <u>Clearwater, Fl.</u>	City & State <u>Clearwater, Fl.</u>	4. FEI Number <u>59-2479094</u>	Applied For ☐ Not Applicable
Zip <u>33764</u>	Country <u>USA</u>	Zip <u>33764</u>	Country <u>USA</u>
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 <u>Peggy Schaefer</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2331 Belleair Rd.</u>	
# <u>803</u>	
City <u>Clearwater</u>	FL Zip Code <u>33764</u>

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 <u>Peggy Schaefer</u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>3/11/05</u>
(NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres.</u> <u>Ed Murphy</u> <u>2331 Belleair Rd. #216</u> <u>Clearwater, Fl. 33764</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. Pres.</u> <u>Ed Redivo</u> <u>2331 Belleair #716</u> <u>Clearwater, Fl. 33764</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Mary Powers #516</u> <u>2331 Belleair Rd</u> <u>Clearwater, Fl. 33764</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Peggy Schaefer #803</u> <u>2331 Belleair Rd.</u> <u>Clearwater, Fl. 33764</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Peggy Schaefer, Treas.</u>	Date <u>3/11/05</u>	Daytime Phone # <u>727-535-2017</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)