

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H34755

**FILED**  
**Apr 06, 2007**  
**Secretary of State****Entity Name:** COUNTRY PARK MOBILE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2331 BELLEAIR RD.  
CLEARWATER, FL 33764 US**New Principal Place of Business:**5901 US 19 N  
STE 7Q  
NEW PORT RICHEY, FL 34652 US**Current Mailing Address:**2331 BELLEAIR RD.  
CLEARWATER, FL 33764 US**New Mailing Address:**5901 US 19 N  
STE 7Q  
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-2479094**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BUELL, CAROLYN  
2331 BELLEAIR RD  
UNIT 120  
CLEARWATER, FL 33764 US**Name and Address of New Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US 19 N  
STE 7Q  
NEW PORT RICHEY, FL 34652 US

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:** MARY A WHITE

04/06/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** FRUCELLA, PAUL  
**Address:** 2331 BELLAIR RD., 510  
**City-St-Zip:** CLEARWATER, FL 33764**Title:** V ( ) Delete  
**Name:** MOORE, MARYN  
**Address:** 2331 BELLAIR RD., 239  
**City-St-Zip:** CLEARWATER, FL 33764**Title:** S ( ) Delete  
**Name:** BUELL, CAROLYN  
**Address:** 2331 BELLAIR RD., 120  
**City-St-Zip:** CLEARWATER, FL 33764**Title:** T ( ) Delete  
**Name:** BUELL, CAROLYN  
**Address:** 2331 BELLAIR RD., 120  
**City-St-Zip:** CLEARWATER, FL 33764**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** RATH, PATRICIA  
**Address:** 5901 US 19 N, STE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**Title:** VD (X) Change ( ) Addition  
**Name:** BANGS, CORA  
**Address:** 5901 US 19 N, STE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**Title:** SD (X) Change ( ) Addition  
**Name:** MORRIS, JACK  
**Address:** 5901 US 19 N, STE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**Title:** TD (X) Change ( ) Addition  
**Name:** SCHAEFER, PEGGY  
**Address:** 5901 US 19 N, STE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**Title:** D ( ) Change (X) Addition  
**Name:** SEYMOUR, MIKE  
**Address:** 5901 US 19 N, STE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARY A WHITE

CEO

04/06/2007

Electronic Signature of Signing Officer or Director

Date