2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H51121 **DOCUMENT #**

1. Entity Name

SLINNY GROVE MORILE HOME OWNERS ASSOCIATION, INC.



FILED

02-13-2003 90242 008 ***150.00

| Principal Place of Business 2463 GULF TO BAY BLVD LOT 281 CLEARWATER FL 33765 US CLEARWATER FL 33765 US Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & Sta | SUNNY G | HOVE WIGHTE HOME OWN | NENS ASSOCIA | TION, INO | THE THE | | | | | | |
|---|---|--|---|--------------------|------------------|-----------------|-------------------------------------|-------------------|-----------------------|------------------------|--|
| Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Name DONOVAN, EWART 2483 GULF TO BAY LOT #281 CLEARWATER FL 33765-4329 City City City FL Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and 16te if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | 2463 GULF TO BAY BLVD LOT 281 CLEARWATER FL 33765 | | 2463 GULF TO BAY BLVD LOT 281 CLEARWATER FL 33765 | | | | | | | | |
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| Zip Country 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 DONOVAN, EWART 2463 GULF TO BAY LOT #281 CLEARWATER FL 33765-4329 City FL Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tifle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Added to Fees Added to Fe | 0.00. | | City & State | | | <u></u> | EEI Number | | ТТАр | plied For | |
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| the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | : | TER FL 33765-4329 | | | City | | | FL | Zip Code | e l | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ### FILE**NOW IH** FEE** IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ### 10. OFFICERS AND DIRECTORS ### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | the purpose of chan | ging its registere | ed office or r | registered a | gent, or both, in the State of Flo | rida. I am famil | iar with, a | and accept | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ### FILE**NOW IH** FEE** IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ### 10. OFFICERS AND DIRECTORS ### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | SIGNATURE | | | | | | | | ٠ | | |
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| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | | | | | | | | | | |
| 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 | | | . Nois filias elece est | | | ad in Sastia | a 110 07/3\/i\ Florida Statutos | I further certify | that the i | nformation | |

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 record or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. The all other like empowered.

SIGNATURE;