

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90088 041 ****61.25

DOCUMENT # N08470

1. Entity Name

FLORIDIAN MOBILE HOME PARK HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

5018 SLEIGHBELL LANE
 NEW PORT RICHEY FL 34652
 US

7426 SNOWY LANE
 LOT #18
 NEW PORT RICHEY FL 34652-1174
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2879567

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURST, ARTHUR
7426 SNOWY LANE, LOT #18
NEW PORT RICHEY FL 34652

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **WOOD, GEORGE**
 STREET ADDRESS **7442 SNOWFLAKE LN.**
 CITY-ST-ZIP **NEW PT RICHEY FL 34652**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **CHANDLER, HOWARD**
 STREET ADDRESS **5105 SLEIGHBELL LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPT** Delete
 NAME **HURST, ARTHUR**
 STREET ADDRESS **7426 SNOWY LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MASKELL, WILLIAM**
 STREET ADDRESS **7429 SNOWFLAKE LANE, LOT #26**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HAGERMAN, CHARLES**
 STREET ADDRESS **7429 SONW LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BOUCHARD, RAYMOND**
 STREET ADDRESS **5105 CHRISTMAS TREE LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Hurst* **SIGNATURE REQUIRED VPT.**

Jan 23/00 514-363-5970
 Date Daytime Phone #