

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90053 006 \*\*\*\*61.25

**DOCUMENT # N08470**

1. Entity Name

**FLORIDIAN MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.**

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  
US**

2. Principal Place of Business

3. Mailing Address

**5105 SLEIGHBELL LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LOT #55**

City & State

City & State

**NEW PORT RICHEY FL**

Zip

Country

Zip

Country

**34652**

**U.S.A.**

4. FEI Number

**59-2879567**

Applied For

Not Applicable

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

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

Name

**HOWARD H. CHANDLER**

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

**5105 SLEIGHBELL LANE**

City

**NEW PORT RICHEY**

FL

Zip Code

**34652**

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

**3/7/02**

**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 ☒ Delete  
NAME **P BERNARD, LICKTEIG**  
STREET ADDRESS **7420 SNOWFLAKE LANE**  
CITY-ST-ZIP **NEW PT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition  
NAME **P HOWARD CHANDLER**  
STREET ADDRESS **5105 SLEIGHBELL LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE ☐ Change ☒ Addition  
NAME **VP WILLIAM BESAW**  
STREET ADDRESS **5107 CHRISTMASTREE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE ☐ Change ☒ Addition  
NAME **T GEORGETTE AYLWARD**  
STREET ADDRESS **7426 SNOWY LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE ☐ Change ☐ Addition  
NAME **D WILLIAM MASKELL**  
STREET ADDRESS **7429 SNOWY LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☒ Delete  
NAME **D CROSLY, PAT**  
STREET ADDRESS **7433 SNOWFLAKE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition  
NAME **D GOLDIE CADIEUX**  
STREET ADDRESS **7429 SNOWY LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete  
NAME **D FISHER, JOEL**  
STREET ADDRESS **7434 SNOWY LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☒ Addition  
NAME **D JAMES LETOURNEAU**  
STREET ADDRESS **7429 SNOWY LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/7/02 (727) 849-1220**

CR2E037 (9/01)