

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N08470**

1. Entity Name

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



Principal Place of Business

5018 SLEIGHBELL LANE  
NEW PORT RICHEY FL 34652  
US

Mailing Address

5105 SLEIGHBELL LANE  
LOT #55  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

**SUMMER ONLY!**

**Note: New Address**

**Howard Chandler**

**416 Lakewood Drive**

**West Swanton, VT 05488**

City & State

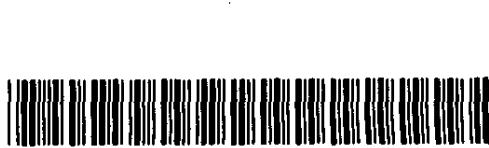
City & State

Zip \_\_\_\_\_

Country \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_



CHECK HERE IF MAKING CHANGES

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

**CHANDLER, HOWARD  
5105 SLEIGHBELL LANE  
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. I am familiar with, and accept 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 \_\_\_\_\_

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

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **V**  
NAME: **BESAW, WILLIAM**  
STREET ADDRESS: **5107 CHRISTMAS TREE LANE**  
CITY-ST-ZIP: **NEW PT RICHEY FL 34652**

Delete

TITLE: **VICE PRESIDENT**  
NAME: **Wm. Pritchard**  
STREET ADDRESS: **7429 SNOWFLAKE LN.**  
CITY-ST-ZIP: **NEW Port RICHEY FL 34652**

Change

Addition

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

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change

Addition

TITLE: **T**  
NAME: **AYLWARD, GEORGETTE**  
STREET ADDRESS: **7426 SNOWY LANE**  
CITY-ST-ZIP: **NEW PORT RICHEY FL 34652**

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change

Addition

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

Delete

TITLE: **DIRECTOR & ASSISTANT SECY**  
NAME: **GUYLA PRITCHARD**  
STREET ADDRESS: **7429 SNOWFLAKE LN.**  
CITY-ST-ZIP: **NEW Port RICHEY FL 34652**

Change

Addition

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

Delete

TITLE: **DIRECTOR**  
NAME: **JEAN POWER**  
STREET ADDRESS: **5107 CHRISTMAS TREE LANE**  
CITY-ST-ZIP: **NEW Port RICHEY FL 34652**

Change

Addition

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

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change

Addition

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: **Howard Chandler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 14/03**

Daytime Phone #

CR2037 (4/03)

0016000