

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

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90076 026 ****61.25

0016000

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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

SUMMER ONLY!

**Note: New Address
Howard Chandler
416 Lakewood Drive
West Swanton, VT 05488**



☐ 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** ☒ Delete
NAME **BESAW, WILLIAM**
STREET ADDRESS **5107 CHRISTMAS TREE LANE**
CITY-ST-ZIP **NEW PT RICHEY FL 34652**

TITLE **VICE PRESIDENT** ☒ Change ☒ Addition
NAME **WM. PRITCHARD**
STREET ADDRESS **7429 SNOWFLAKE LN.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

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 **D** ☐ Change ☒ Addition
NAME **DIRECTOR & ASSISTANT SEC**
STREET ADDRESS **GAYLA PRITCHARD**
CITY-ST-ZIP **7429 SNOWFLAKE LN.**

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

TITLE **D** ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **JEAN POWER**
CITY-ST-ZIP **5107 CHRISTMAS TREE LANE**

TITLE **D** ☐ Delete
NAME **FISHER, JOEL**
STREET ADDRESS **7434 SNOWY 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:

SIGNATURE REQUIRED

July 14/03

CR2E037 (4/03)