

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

DOCUMENT # *N-09150*

1. Entity Name
Lake Shore Mobile Home Association

FILED
03 JUN -2 AM 9:08
of Pinellas County, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

LAKE SHORE MOBILE HOMES ASSOC OF PINELLAS COUNTY INC

3. Mailing Address

8003 SEMINOLE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

of Pinellas County Inc

Lot 32

City & State

City & State

SEMINOLE

FLORIDA

Zip

Country

33772

PINELLAS

Zip

Country

4. FEI Number

N09150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *EVELYN ANDERSON*

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

8003 SEMINOLE BLVD Lot 32

City *SEMINOLE*

FL

Zip Code

33772

**DO NOT WRITE
IN THIS SPACE**

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

R. Isabelle Wellwood

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

(NOTE: Registered Agent signature required when reinstating)

4/1/2003
DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE *PRESIDENT*
NAME *PAUL O'CONNOR* Lot 6
STREET ADDRESS *8003 SEMINOLE BLVD*
CITY-ST-ZIP *SEMINOLE FL 33772*

TITLE *SECRETARY*
NAME *EVELYN ANDERSON* Lot 32
STREET ADDRESS *8003 SEMINOLE BLVD*
CITY-ST-ZIP *SEMINOLE FL 33772*

TITLE *TREASURER*
NAME *R. ISABELLE WELLWOOD* Lot 15
STREET ADDRESS *8003 SEMINOLE BLVD*
CITY-ST-ZIP *SEMINOLE FL 33772*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

R. Isabelle Wellwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2003 - 727-392-2861
Date Daytime Phone #

CR2E037B (12/01)