2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # N09289 1. Entity Name COUNTRY VILLAGE MOBILE HOMEOWNERS ASSOCIATION, I 02-09-2001 90227 050 ****61.25 Principal Place of Business Mailing Address 10512 DECENT LANE 10512 DECENT LANE HUDSON FL 34667-4908 HUDSON FL 34667-4908 714401 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2905207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SENECAL, SHARON M Street Address (P.O. Box Number is Not Acceptable) 10512 DECENT LANE HUDSON FL 34667-4908 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition LANTZ, NORMAN NAME NAME 10908 DEROMING DR STREET ADDRESS STREET ADDRESS HUDSON FL 34667 CITY-ST-ZIE CITY-ST-7IP STD TITLE Delete TITLE Change Addition DAY, KENIOALL Sharon M. SENECAL 10512 Decent Lane NAME NAME 10525 DECENT LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON FL CITY-ST-ZIP Hudson Ft 34667 🗷 Delete TITLE Change ☐ Addition EARL BONKEN VENTRUELLA, JOSEPHINE NAME NAME 10521 DECENT LANE STREET ADDRESS STREET ADDRESS 10514 Decent Lane CITY-ST-ZIP HUDSØN FL 34667 CITY-ST-ZIP HUDSON, FL 34667 TITLE ☐ Delete TITLE Change ☐ Addition NAME Paul Maeder STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE lames Schafstall ☐ Defete TITLE **Change** ☐ Addition NAME NAME 7429 Walking Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CALRESHARON M. Seneca