

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90111 006 ****61.25

DOCUMENT # N09289

1. Entity Name

COUNTRY VILLAGE MOBILE HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

**10512 DECENT LANE
 HUDSON FL 34667-4908
 US**

Mailing Address

**10512 DECENT LANE
 HUDSON FL 34667-4908
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2905207**

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

**SENECAL, SHARON M
 10512 DECENT LANE
 HUDSON FL 34667-4908**

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.

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

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 **PD** ☐ Delete
 NAME **LANTZ, NORMAN**
 STREET ADDRESS **10908 DEROMING DR**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **SENECAL, SHARON M**
 STREET ADDRESS **10512 DECENT LANE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **BOHLKEN, EARL**
 STREET ADDRESS **10516 DECENT LANE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **MAEDER, Paul**
 STREET ADDRESS **10521 Decent Lane**
 CITY-ST-ZIP **Hudson, FL 34667**

TITLE **D** ☒ Delete
 NAME **MAEDER, PAUL**
 STREET ADDRESS **10521 DECENT LANE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☒ Change ☐ Addition
 NAME **EARL BOHLKEN, EARL**
 STREET ADDRESS **10516 Decent Lane**
 CITY-ST-ZIP **Hudson, FL 34667**

TITLE **D** ☐ Delete
 NAME **SCHAFSTALL, JAMES**
 STREET ADDRESS **17429 WALKING DRIVE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Sharon M. Senecal* **SHARON M. SENECA** 2/8/02 8122 8690598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation

CR2E037 (9/01)