

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 046 ****61.25

DOCUMENT # N09289 1. Entity Name: COUNTRY, VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.							
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 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
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 SAME 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 <u><i>Sharon M. Senecal</i></u> 2/8/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LANTZ, NORMAN 10908 DEROMING DR HUDSON FL 34667	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres PAUL MAEDER 10521 Decent Lane Hudson, FL 34667	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SENECAL, SHARON M 10512 DECENT LANE HUDSON FL 34667	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.Pres Father Robert Smith 10501 Becoming Dr. Hudson, FL 34667	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAEDER, PAUL 10521 DECENT LANE HUDSON FL 34667	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norman Lantz 10908 Becoming Dr Hudson, FL 34667	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHLKEN, EARL 10516 DECENT LANE HUDSON FL 34667	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delegate Theresa Rogers 10524 Fitting Lane Hudson, FL 34667	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFSTALL, JAMES 17429 WALKING DRIVE HUDSON FL 34667	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ 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: <u><i>Sharon M. Senecal</i></u> SHARON M. SENECA 2/8/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							