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

## **DOCUMENT # N14982**

1. Entity Name

## PLEASANT LIVING MOBILE HOME RECREATION CLUB INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90135 045 \*\*\*\*61.25

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304 MURPHY DR. 304			304 M RIVER	Mailing Address 304 MURPHY DR. RIVERVIEW FL 33569 US				,   1888/1411 1881 1	 Lēli darja arina jana	r 1191 Z1811 Z1	all Bibli Blbit Gid	<b>1</b> 11 <b>8</b> 1 <b>0</b> (1 1 <b>10</b> )	
2. Principal Place of Business 3. Ma				Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			С	City & State				4. FEI Number 59-2953529 Applied For Not Applicable					]
Zip Country			Zi	Zip Country				5. Certificate of Status Desired					1
	6. Name a	ed Agent				7. Name and Address of New Registered Agent							
				<u> </u>		Name							1
BROWN, FRED								The Community of the same of the text of the Community of					Ĺ
304 MURPHY DR.				Street Address (				(P.O. Box Number is Not Acceptable)					
													4
HIVEHVIE	EW FL 33569					ĺ							1
				City				FL Zip Code					1
8. The above	e named entity	submits this statement for	r the purp	oose of changing its	registere	ed office o	r registere	ed agent, or both, in	the State of Flo	rida. Lam	familiar with,	and accept	1
the obligat	tions of register	ed agent.											1
	7.74	•											1
SIGNATURE		· · · · · · · · · · · · · · · · · · ·											
	Signature, typed or	printed name of registered agent a	and title if app	plicable. (NOTE	: Registere	d Agent signa	ture required	when reinstating)		DATE			
-									<u> </u>				1
	en e nom	FEE 10 404 05		9. Election Cam	Inaian F	inancino		ee 00	Ma	ka Chac	k Payable	to	
,	FILE NOW:	FEE IS \$61.25		Trust Fund C	. •	_		\$5.00 May Be Added to Fees			rtment of S		
						•	_	Added to 1 ees	FIGURE	ia Depai	i unent of s	olale	]
10.	0. OFFICERS AND DIRECTO			TS			Δ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD OFFICERS AND DIRE							DITIONO/C/IANG	LS TO OFFICE	ם שווא טר		-	۱
NAME	BROWN, JE	ΔΝ		☐ Delete	TITLE						☐ Change	☐ Addition	10/05
STREET ADDRESS	212 INDIAN					ET ADDRESS							15
CITY-ST-ZIP	1					-ST-ZIP		•					18
	RIVERVIEW	FL 33309			CITT	- 31-21							۱۳
TITLE	VPD	T1 (F)		☐ Delete	TITLE		]				Change	Addition	ļà
NAME	MATHIAS, E				NAME		İ			•			1
STREET ADDRESS	321 ST. JOI					ET ADDRESS							
CITY-ST-ZIP	RIVERVIEW	FL			CITY-	ST-ZIP							J
TITLE	TD -		_	☐ Delete	TITLE			and the second second	1007	-	Change	☐ Addition	
NAME	WOOD, SAL			BLANK	NAME								ì
STREET ADDRESS	314 MIAKKA			314	STREE	ET ADDRESS							
CITY-ST-ZIP	RIVERVIEW	FL 33569			CITY-	ST-ZIP							
TITLE	S			Delete	TITLE		5				☐ Change	Addition	1
NAME	CHADWICK,	MARGE			NAME		Charles Charles		4.7.4			•••	
STREET ADDRESS	316 INDIAN	DR.			STREE	T ADDRESS	*		<del>300</del> 3				Ĺ
City-st-zip	RIVERVIEW	FL			CITY-	ST-ZIP	_ ~		<b>T</b> Ó				ĺ
TITLE	D			☐ Delete	TITLE			1016			☐ Change	Addition	1
NAME	BROWN, FR	ED			NAME						- Onengo		-
STREET ADDRESS	304 MURPH					T ADDRESS	l						
CITY-ST-ZIP	RIVERVIEW					ST-ZIP							1
TITLE	D			None	-		<b>b</b>	<del>.</del> .		<del>.</del>			1
NAME	BEAMS, ELE	NOD		Defete	TITLE		D	a Manda	-		☐ Change	☐ Addition	
name Street address					NAME	T ADDRESS	LINK	A MOORE					
STREET ADDRESS 303 ST. JOHNS DR. CITY-SI-ZIP RIVERVIEW FL						ST-ZIP		INDIAN					
40 11	I GAPTIANE AA				VIII-	. Lii	KIVE	-RVIEW, F	<i></i>				1

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND VERDATURE DEPARTMENT AND VERDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR