

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

FILED
Apr 26, 2000 8:00 am
Secretary of State

03-04-2000 90047 013 ****70.00

DOCUMENT # N26607

1. Entity Name

CONRAD MOBILE HOME PARK ASSOC., INC.

Principal Place of Business

9333 PARK BLVD.
 LOT 4-D
 SEMINOLE FL 33777
 US

Mailing Address

9333 PARK BLVD.
 LOT 4-D
 SEMINOLE FL 33777-4144
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2921094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMMONS, BARBARA
 9333 PARK BLVD
 LOT 19-A
 SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name **Hicks, Dorothy**
 Street Address (P.O. Box Number is Not Acceptable)
9333 Park Blvd
Lot 20B
 City **Seminole** **FL** Zip Code **33777**

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

Dorothy L Hicks

3/22/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REINHOLD, BYRON	
STREET ADDRESS	9333 PK BLVD LOT C-12	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARTNER, ERNEST	
STREET ADDRESS	933 PARK BLVD, 18-B	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCCAUGHEY, VIRGINIA	
STREET ADDRESS	9333 PRK BLVD LOT #13A	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCMURPHY, CLYDE	
STREET ADDRESS	9333 PARK BLVD., LOT 4-D	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, WILMA	
STREET ADDRESS	9333 PK BLVD LOT B-11	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUELLETTE, EMIL	
STREET ADDRESS	9333 PARK BLVD LOT 3D	
CITY-ST-ZIP	SEMINOLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthews, Roy	
STREET ADDRESS	9333 Prk Blvd Lot 9C	
CITY-ST-ZIP	Seminole Fl	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blanchard, Edith	
STREET ADDRESS	9333 Prk Blvd Lot 9B	
CITY-ST-ZIP	Seminole Fl	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Clyde M Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas. 2-23-2000
 Date

727 3914781
 Daytime Phone #

CR2E087 (9/99)