SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N32531** **(8)**

1. Corporation Name

COUNTRY SQUIRE MOBILE HOME ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% DORIS E. LIVERSEDGE 73 ROAD RUNNER RD PAISLEY FL 32767	% DORIS E. LIVERSEDGE 73 ROAD RUNNER RD PAISLEY FL 32767

3. Date Incorporated or Qualified: 05/25/1989
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2396292 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LIVERSEDGE, DORIS E.
73 ROAD RUNNER RD.
PAISLEY FL 32767

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	HESS, DALE B.	12 NAME	KIDDER, WILLIAM
STREET ADDRESS	61 ROAD RUNNER ROAD	13 STREET ADDRESS	90 IVEY LANE
CITY-ST-ZIP	PAISLEY FL	14 CITY-ST-ZIP	PAISLEY, FL 32767
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	LIVERSEDGE, DORIS E.	22 NAME	
STREET ADDRESS	73 RD RUNNER RD.	23 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	BALSIGER, BARBARA J. DR.	32 NAME	
STREET ADDRESS	78 ROAD RUNNER RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LIVERSEDGE, C. THOMAS	42 NAME	
STREET ADDRESS	73 ROAD RUNNER RD.	43 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	REICHERT, MARY	52 NAME	
STREET ADDRESS	92 IVEY LANE	53 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	54 CITY-ST-ZIP	8/27/31
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	WILSON, THOMAS	62 NAME	
STREET ADDRESS	1 COUNTRY SQUIRE RD.	63 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris E Liversedge 6-24-95 904-669-1377
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
DORIS E LIVERSEDGE

0004207