

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32531 (8)

1. Corporation Name

COUNTRY SQUIRE MOBILE HOME ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% DORIS E. LIVERSEGE
73 ROAD RUNNER RD
PAISLEY FL 32767

% DORIS E. LIVERSEGE
73 ROAD RUNNER RD
PAISLEY FL 32767

3. Date Incorporated or Qualified
05/25/1989

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KIDDER, WILLIAM
STREET ADDRESS 90 IVEY LANE
CITY-ST-ZIP PAISLEY FL 32767

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME LIVERSEGE, DORIS E.
STREET ADDRESS 73 RD RUNNER RD.
CITY-ST-ZIP PAISLEY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME BALSIGER, BARBARA J. DR.
STREET ADDRESS 78 ROAD RUNNER RD.
CITY-ST-ZIP PAISLEY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LIVERSEGE, C. THOMAS
STREET ADDRESS 73 ROAD RUNNER RD.
CITY-ST-ZIP PAISLEY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME REICHERT, MARY
STREET ADDRESS 92 IVEY LANE
CITY-ST-ZIP PAISLEY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME WILSON, THOMAS
STREET ADDRESS 1 COUNTRY SQUIRE RD.
CITY-ST-ZIP PAISLEY FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

352-669-1377

Date

Daytime Phone #

CR2E037 (12/95)