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FILED
Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32531** (8)
1. Corporation Name
COUNTRY SQUIRE MOBILE HOME ASSOCIATION, INC.

Principal Place of Business % DORIS E. LIVERSEGE 73 ROAD RUNNER RD PAISLEY FL 32767	Mailing Address % DORIS E. LIVERSEGE 73 ROAD RUNNER RD PAISLEY FL 32767-9459
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3. Date Incorporated or Qualified 05/25/1989	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business [REDACTED]	2a. Mailing Address [REDACTED]	4. FEI Number 59-2396202	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. [REDACTED]	27. Suite, Apt. #, etc. [REDACTED]	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State [REDACTED]	28. City & State [REDACTED]	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip [REDACTED]	25. Country [REDACTED]	29. Zip [REDACTED]	30. Country [REDACTED]
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIDDER, WILLIAM 90 IVEY LANE PAISLEY FL 32767 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D HERR, ROGER 96 IVEY LANE PAISLEY, FL 32767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LIVERSEGE, DORIS E. 73 RD RUNNER RD. PAISLEY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALSIGER, BARBARA J. DR. 78 ROAD RUNNER RD. PAISLEY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIVERSEGE, C. THOMAS 73 ROAD RUNNER RD. PAISLEY FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REICHERT, MARY 92 IVEY LANE PAISLEY FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILSON, THOMAS 1 COUNTRY SQUIRE RD. PAISLEY FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	V WOOD, RONALD 62 ROAD RUNNER RD. PAISLEY, FL 32767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 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. Liversege*

3-24-97 (352)669-1377

CR2E037 (9/96)