1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N32531**

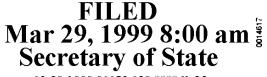
1. Corporation Name

## COUNTRY SQUIRE MOBILE HOME ASSOCIATION, INC.

Principal Place of Business
% doris e. Liversedge
73 ROAD RUNNER RD
DAISLEY EL 32767

Mailing Address

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



03-29-1999 90073 028 \*\*\*\*61.25



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2. Principal F	Place of Business	2a. Mailing Address			Date Incorporated or Qualifed		•.
24		26			05/25/1989		
Suite, Apt.	# etc.	Suite, Apt. #, etc.			4. FEI Number	Ar	oplied For
22	. ,	27			59-2396292	N(	ot Applicable
City & Sta	te	City & State		5. Certificate of Status Desired   \$8.75 Addition Fee Required			
23	Country	Zip	Country	<del>,</del>	6. Election Campaign Financing	\$5.00	May Be
<b>Z</b> ip ──					Trust Fund Contribution	Added to Fees	
24	25		<u> </u>		10. Name and Address of New Registered		-
	9. Name and Address of Current	Kehisteren Mant	81	Name			
LIVERSEDGE, DORIS E.				82 Street Address (P.O. Box Number is Not Acceptable)			
73 ROAD RUNNER RD.				<del> </del>			
PAISLEY	FL 32767		83				
			84	City		85 Zip	Code
			'	1	FL		
office or	registered agent, or both, in the State O	r Florida. Such change was aut	nonzea by	trie corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoin	changing its ntment as re	s registered egistered
agent. I a	am familiar with, and accept the obligation	ons of, Section 617.0503, Florid	a Statutes	i.			
SIGNATURE					uired when reinstating) DATE		
	Signature, typed or printed name of registered agent		13.	nt signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE			Change	☐ Additio
TITLE	D	- October					
NAME	KIDDER, WILLIAM		1.2 NAME				
STREET ADDRESS	1		1.3 STREE	TADORESS			
CITY-ST-ZIP	PAISLEY FL 32767		1.4 CITY-5	ST-ZIP			
TITLE	T	☐ DELETE	2.1 TITLE			Change	Additio
NAME	LIVERSEDGE, DORIS E.		2.2 NAME				
STREET ADDRESS		مستحدد والمراج	2.3 STREE	T ADDRESS	- · · · · · · · · · · · · · · · · · · ·	• ••	. •
CITY-ST-ZIP	PAISLEY FL		2. 4 CITY-	ST-ZIP			
TITLE	P	☐ DELETE	3.1 TITLE			Change	Addition
NAME	BALSIGER, BARBARA J. DR.		3.2 NAME				
STREET ADDRESS				TADDRESS			
	1.4		3.4. CITY-				
CITY-ST-ZIP TITLE	PAISLEY FL	☐ DELETE	4.1 TITLE		٧٠	Change	Addition
	D THOMAS		4, 2 NAME		Y coscodos C. Thomas	s	
NAME	LIVERSEDGE, C. THOMAS		1	T ADDRESS	LIVERSEDGE, C. Thomas		
STREET ADDRESS					PAISLEY FL 32767		
CITY-ST-ZIP	PAISLEY FL	☐ DELETÉ	4.4 CITY-5	91-ZIP	TAISLEY, IL SUID,	☐ Change	Additio
TITLE	D	□ nereis	5.1 TITLE 5.2 NAME			اوا∓س	٠.٠٠٠٠ ب
NAME	REICHERT, MARY		1				
STREET ADDRESS	92 IVEY LANE			TADDRESS			
CITY-ST-ZIP	PAISLEY FL		5.4 CiTY-			F7.01-	<b>35.20</b> A 3 Per
TITLE	V	DELETE	6.1 TITLE	5	Kindder , MARGARET	Change	Addition Addition
NAME	WOOD, RONALD	, , ,	6.2 NAME		On THEY CLANS		
STREET ADORES			6.3 STREE	T ADDRESS	40 TASA CHUS		
· · <del></del>	DAIOLEY EL		64 CTV-	ST. 71P	PAISLEY FL 32767		

14. 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 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, with all other like empowered.

**SIGNATURE** 

SIGNATURE DELLERES

3-25-99 (353)669-1377

Daytime Phone

-CR2E037 (44/98