

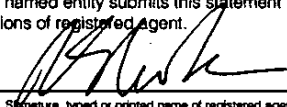
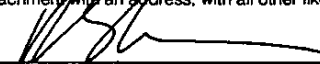


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90009 009 \*\*\*\*61.25

<b>DOCUMENT # N32531</b> 1. Entity Name <b>COUNTRY SQUIRE MOBILE HOME ASSOCIATION, INC.</b>					
Principal Place of Business <b>% DORIS E. LIVERSEGE 73 ROAD RUNNER RD PAISLEY, FL 32767</b>			Mailing Address <b>% DORIS E. LIVERSEGE 73 ROAD RUNNER RD PAISLEY, FL 32767</b>		
2. Principal Place of Business <b>40 RAMONA G NEWHOUSE</b> Suite, Apt. #, etc. <b>49 PARK WAY</b> City & State <b>PAISLEY FL</b> Zip <b>32767</b>		3. Mailing Address <b>40 RAMONA G NEWHOUSE</b> Suite, Apt. #, etc. <b>49 PARK WAY</b> City & State <b>PAISLEY FL</b> Zip <b>32767</b>			
4. FEI Number <b>59-2396292</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>LIVERSEGE, DORIS E. 73 ROAD RUNNER RD. PAISLEY, FL 32767</b>			7. Name and Address of New Registered Agent Name <b>NEWHOUSE, RAMONA G</b> Street Address (P.O. Box Number is Not Acceptable) <b>49 PARK WAY</b> City <b>PAISLEY</b> <b>FL</b> Zip Code <b>32767</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<b>RAMONA G NEWHOUSE</b>		DATE <b>02-21-06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDDER, WILLIAM 90 IVEY LANE PAISLEY, FL 32767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIVERSEGE, DORIS E. 73 RD RUNNER RD. PAISLEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D NEWHOUSE, RAMONA G 49 PARK WAY PAISLEY FL 32767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEMENS, PATRICIA 89 IVEY LANE PAISLEY, FL 32767	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CLEMENT, PRISCILLA (MRS) 89 IVEY LANE PAISLEY FL 32767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAUFMAN, JOHN 3 COUNTRY SQUIRE PAISLEY, FL 32767	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEARING, TINA 59 IVEY LANE PAISLEY FL 32767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LADBUCEUR, GARY 55 IVEY LANE PAISLEY, FL 32767	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDDER, MARGARET 90 IVEY LANE PAISLEY, FL 32767	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIDDER, MARGARET 90 IVEY LANE PAISLEY FL 32767
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		<b>RAMONA G NEWHOUSE</b>		DATE <b>02-21-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	