

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90134 049 ****70.00

DOCUMENT # N32531

1. Entity Name
COUNTRY SQUIRE MOBILE HOME ASSOCIATION, INC.



Principal Place of Business
**C/O RAMONA G NEWHOUSE
49 PARKWAY
PAISLEY, FL 32767**

Mailing Address
**C/O RAMONA G NEWHOUSE
49 PARKWAY
PAISLEY, FL 32767**

40045576



2. Principal Place of Business - No P.O. Box #

**c/o Tina M. Spearing
59 Ivey Lane**

3. Mailing Address

**c/o Tina M. Spearing
59 Ivey Lane**

02222007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2396292

Applied For
☐ Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

32767 USA

USA

32767

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIVERSEDGE, DORIS E.
C/O RAMONA G NEWHOUSE
49 PARK WAY
PAISLEY, FL 32767**

Name **Tina M. Spearing**
Street Address (P.O. Box Number is Not Acceptable)

59 Ivey Lane

City **PAISLEY** FL Zip Code **32767**

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

Tina M. Spearing

Tina M. Spearing

3-2-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **NEWHOUSE, RAMONA G**
CITY-ST-ZIP **49 PARK WAY
PAISLEY, FL 32767**

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **CLEMENT, PRICILLA**
CITY-ST-ZIP **89 IVEY LN
PAISLEY, FL 32767**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **SPEARING, TINA**
CITY-ST-ZIP **59 IVEY LN
PAISLEY, FL 32767**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **KIDDER, MARGARET**
CITY-ST-ZIP **90 IVEY LANE
PAISLEY, FL 32767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TD Spearing, Tina M.**
STREET ADDRESS **59 Ivey Lane**
CITY-ST-ZIP **PAISLEY, FL 32767**

TITLE ☒ Change ☐ Addition
NAME **P/D Clement, Priscilla**
STREET ADDRESS **89 Ivey Lane**
CITY-ST-ZIP **PAISLEY, FL 32767**

TITLE ☒ Change ☐ Addition
NAME **V Harris, Nancy**
STREET ADDRESS **94 Ivey Lane**
CITY-ST-ZIP **PAISLEY, FL 32767**

TITLE ☐ Change ☐ Addition
NAME **S/D Kidder, Margaret**
STREET ADDRESS **90 Ivey Lane**
CITY-ST-ZIP **PAISLEY, FL 32767**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Tina M. Spearing

3-2-07

(352) 771-0195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #