

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90093 005 \*\*\*\*70.00

<b>DOCUMENT # N32531</b> 1. Entity Name COUNTRY SQUIRE MOBILE HOME ASSOCIATION, INC.			
Principal Place of Business C/O TINA M. SPEARING 59 IVEY LANE PAISLEY, FL 32767.		Mailing Address C/O TINA M. SPEARING 59 IVEY LANE PAISLEY, FL 32767	
2. Principal Place of Business - No P.O. Box # <i>C/O Tina Spearing</i> Suite, Apt. #, etc. <i>59 Ivey Lane</i> City & State <i>Paisley FL</i> Zip <i>32767</i> Country <i>Lake</i>		3. Mailing Address <i>C/O Tina Spearing</i> Suite, Apt. #, etc. <i>59 Ivey Lane</i> City & State <i>Paisley FL</i> Zip <i>32767</i> Country <i>Lake</i>	
4. FEI Number 59-2396292		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SPEARING, TINA M 59 IVEY LANE PAISLEY, FL 32767		7. Name and Address of New Registered Agent Name <i>Spearing, Tina</i> Street Address (P.O. Box Number is Not Acceptable) <i>59 Ivey Lane</i> City <i>Paisley</i> FL Zip Code <i>32767</i>	
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 <i>Tina Spearing</i> <i>Tina Spearing</i> DATE <i>4-18-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDDER, WILLIAM 90 IVEY LANE PAISLEY, FL 32767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Carolle LeBelle</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>71 Roadrunner Road</i> <i>Paisley, FL 32767</i> <i>D</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPEARING, TINA M 59 IVEY LANE PAISLEY, FL 32767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tina Spearing</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>59 Ivey Lane</i> <i>Paisley, FL 32767</i> <i>TD</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMENT, PRISCILLA 89 IVEY LANE PAISLEY, FL 32767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jane Sutton Miller</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>35 Country Squire Road</i> <i>Paisley, FL 32767</i> <i>PD</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARNS, NANCY 94 IVEY LANE PAISLEY, FL 32767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chris Dickerson</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>81 Country Squire Road</i> <i>Paisley, FL 32767</i> <i>V</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIDDER, MARGARET 90 IVEY LANE PAISLEY, FL 32767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Margaret Kidder</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>90 Ivey Lane</i> <i>Paisley, FL 32767</i> <i>SD</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Tina Spearing</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-18-08</i> Daytime Phone # <i>352-253-3723 (work)</i>	