

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32531

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** COUNTRY SQUIRE MOBILE HOME ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O TINA SPEARING  
59 IVEY LANE  
PAISLEY, FL 32767

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TINA SPEARING  
59 IVEY LANE  
PAISLEY, FL 32767

**New Mailing Address:**

**FEI Number:** 59-2396292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPEARING, TINA  
59 IVEY LANE  
PAISLEY, FL 32767 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEBELLE, CAROLLE  
Address: 71 ROADRUNNER RD.  
City-St-Zip: PAISLEY, FL 32767

Title: TD ( ) Delete  
Name: SPEARING, TINA M  
Address: 59 IVEY LANE  
City-St-Zip: PAISLEY, FL 32767

Title: PD ( ) Delete  
Name: SUTTMILLER, JANE  
Address: 3 COUNTRY SQUARE ROAD  
City-St-Zip: PAISLEY, FL 32767

Title: V ( ) Delete  
Name: DICKERSON, CHRIS  
Address: 81 COUNTRY SQUARE RD.  
City-St-Zip: PAISLEY, FL 32767

Title: SD ( ) Delete  
Name: KIDDER, MARGARET  
Address: 90 IVEY LANE  
City-St-Zip: PAISLEY, FL 32767

Title: SD ( ) Delete  
Name: KIDDER, MARGARET  
Address: 90 IVEY LANE  
City-St-Zip: PAISLEY, FL 32767

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SUTTMILLER, JANE  
Address: 3 COUNTRY SQUARE ROAD  
City-St-Zip: PAISLEY, FL 32767

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA SPEARING

TD

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date