


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90298 009 ****61.25

DOCUMENT # N41588 1. Entity Name TOWN & COUNTRY MOBILE HOME OWNERS ASSN., INC.					
Principal Place of Business 108 TOWN & COUNTRY BLVD. SEBRING, FL 33875 US			Mailing Address 108 TOWN & COUNTRY BLVD. SEBRING, FL 33875 US		
2. Principal Place of Business 519 Town&Country Blvd		3. Mailing Address 519 Town&Country Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebring, FL		City & State Sebring, FL		4. FEI Number 59-3087456	
Zip 33875		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, RONALD L 108 TOWN & COUNTRY BLVD SEBRING, FL 33875			7. Name and Address of New Registered Agent Name Bette Chapel Street Address (P.O. Box Number is Not Acceptable) 519 Town&Country Blvd. City Sebring, FL Zip Code 33875		
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 <u>BETTE CHAPEL</u> <i>Bette Chapel</i> <u>5-3-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNOOR, DONALD <input type="checkbox"/> Delete 308 TOWN & COUNTRY BLVD SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, RONALD L <input checked="" type="checkbox"/> Delete 108 TOWN & COUNTRY BLVD SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wyse, Bill <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 706 Town&Country Blvd Sebring, FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BELLE, EDDY A <input checked="" type="checkbox"/> Delete 300 TOWN & COUNTRY BLVD. SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT Bette Chapel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 519 Town&Country Blvd Sebring, FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARBY, MARYBETH <input type="checkbox"/> Delete 204 WOODBINE DR SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLONDE, DOLLY <input checked="" type="checkbox"/> Delete 215 WOODBINE DR. SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Toby Chapel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 519 Town&Country Blvd Sebring, FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMANUS, CLAUDIA <input type="checkbox"/> Delete 310 WOODBINE DR SEBRING, FL 33875		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: <u>Donald F. Schnoor</u> <u>5-3-06</u> <u>(813) 385-8832</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					