

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41588

FILED
Jan 06, 2009
Secretary of State

Entity Name: TOWN & COUNTRY MOBILE HOME OWNERS ASSN., INC.

Current Principal Place of Business:

519 TOWN AND COUNTRY BLVD
SEBRING, FL 33875 US

New Principal Place of Business:

Current Mailing Address:

519 TOWN AND COUNTRY BLVD
SEBRING, FL 33875 US

New Mailing Address:

FEI Number: 59-3087456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPEL, BETTE
519 TOWN AND COUNTRY BLVD
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

CHAPEL, BETTE TREASUR
519 TOWN AND COUNTRY BLVD
SEBRING, FL 33875 US

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: BETTE CHAPEL

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAPEL, TOBY
Address: 519 TOWN & COUNTRY BLVD
City-St-Zip: SEBRING, FL 33875 US

Title: VD () Delete
Name: WYSE, BILL
Address: 706 TOWN & COUNTRY BLVD
City-St-Zip: SEBRING, FL 33875

Title: TT () Delete
Name: CHAPEL, BETTE
Address: 519 TOWN & COUNTRY BLVD
City-St-Zip: SEBRING, FL 33875

Title: SD () Delete
Name: CARBY, MARYBETH
Address: 204 WOODBINE DR
City-St-Zip: SEBRING, FL 33875 US

Title: T () Delete
Name: CARUSO, WENDY
Address: 211 WOODBRIDGE DR
City-St-Zip: SEBRING, FL 33875 US

Title: T () Delete
Name: BLONDE, DON
Address: 215 WOODBINE DR.
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change () Addition
Name: BOIS VERT, CLAUDETTE
Address: 515 TOWN & COUNTRY BLVD.
City-St-Zip: SEBRING, FL 33875 US

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: TOBY CHAPEL

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date