

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

10422463

03-26-2002 90023 012 \*\*\*\*61.25

**DOCUMENT # N43118**

1. Entity Name

**CONNER'S MOBILE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2701 34ST. N.LOT 313  
 ST PETERSBURG FL 33713**

**2701 34ST. N.LOT 313  
 ST PETERSBURG FL 33713  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3055341**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANGUAY, LOUISETTE M  
 2701 34ST. N.LOT 313  
 ST PETERSBURG FL 33713**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

*LOUISETTE M. TANGUAY*

SIGNATURE

*Louissette M. Tanguay*

**JAN 25 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TANGUAY, LOUISETTE</b>	
STREET ADDRESS	<b>2701 34TH STREET N. LOT 313</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DUGRE, RONALD</b>	
STREET ADDRESS	<b>2701-34TH ST N LOT #420</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CHAREST, DORIS</b>	
STREET ADDRESS	<b>2701 - 34TH STREET N. LOT 524</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOULAIS, PAUL</b>	
STREET ADDRESS	<b>2701-34TH ST N LOT #306</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MACLEOD, RICH</b>	
STREET ADDRESS	<b>2701 - 34TH STREET N. LOT 135</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GODYN, RUTH</b>	
STREET ADDRESS	<b>2701-34TH ST N LOT #516</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GASTON GAGNE</b>	
STREET ADDRESS	<b>2701- 34TH STREET NORTH LOT 405</b>	
CITY-ST-ZIP	<b>ST-PETERSBURG FL 33713</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *LOUISETTE M. TANGUAY*

**PT FEB 20 2002 (727 327 8916)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Home Phone #

CR2E037 (9/01)