


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90037 046 \*\*\*\*61.25

<b>DOCUMENT # N46804</b>	
1. Entity Name <b>CAUSEWAY MOBILE HOME OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>601 SEAWAY DR. LOT MAA FORT PIERCE, FL 34949</b>	Mailing Address <b>601 SEAWAY DR. LOT MAA FORT PIERCE, FL 34949</b>
--	--

94030203



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

03032004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number <b>APPLIED FOR 65-0379963</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**RUSHING, DONALD L  
601 SEAWAY DR  
E26  
FORT PIERCE, FL 34949**

## 7. Name and Address of New Registered Agent

Name **Thomas J. Radwell, Jr**  
Street Address (P.O. Box Number is Not Acceptable)  
**601 SEAWAY DR  
E-32**  
City **FORT PIERCE** FL Zip Code **34949**

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

*Thomas J. Radwell, Jr*

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

(NOTE: Registered Agent signature required when reinstating)

3/12/04

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSHING, DONALD L 601 SEAWAY DR E26 FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEILER, LYNDIA 601 SEAWAY DR F-18 FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARELLA, MILLIE 601 SEAWAY DR G 24 FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WECHELMAN, BERNIECE 601 SEAWAY DR E24 FORT PIERCE, FL 34949 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEELER, ROBERT 601 SEAWAY DR G8 FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGER, HAROLD 601 SEAWAY DR G18 FORT PIERCE, FL 34949 <input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS RADWELL 601 SEAWAY DR. E 32 FT. PIERCE, FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAM MOLNAR 601 SEAWAY DR. F07 FT PIERCE, FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHELLE CHARL FOUX 601 SEAWAY DR. F11 FT PIERCE, FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNIECE WECHELMAN 601 SEAWAY DR E24 FT PIERCE FL 34949 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLD YEAGER 601 SEAWAY DR. G18 FT PIERCE FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

*Thomas J. Radwell, Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 772 467 0040

Date

Daytime Phone #