

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90035 007 ****61.25

DOCUMENT # *N48 259*

1. Entity Name

4108 KENILWORTH MHP ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

425680

2. Principal Place of Business

1120 OPAL AVE

3. Mailing Address

1120 OPAL AVE.

Suite, Apt. #, etc.

LOT 106

Suite, Apt. #, etc.

LOT 106

City & State

SEBRING, FL.

City & State

SEBRING, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

33870

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANCIS J. SEMENTILLI

Street Address (P.O. Box Number is Not Acceptable)

1120 OPAL AVE

LOT 106

City

SEBRING

FL

Zip Code

33870

**DO NOT WRITE
IN THIS SPACE**

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.

STO Francis J. Sementilli (FRANCIS J. SEMENTILLI)

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

03-04-02

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*PD
ENGLISH, DAVID T.
1206 EMERALD AVE.
SEBRING, FL. 33870*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*VPD
GREMLING, THOMAS
1185 OPAL AVE
SEBRING, FL. 33870*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*STO
SEMENTILLI, FRANCIS J.
1120 OPAL AVE.
SEBRING, FL. 33870*

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

D.T. English D.T. ENGLISH

3/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)