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

FILED

04 JAN -2 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 48259

1. Entity Name

4108 KENILWORTH MHP ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1120 OPAL AVE.	1120 OPAL AVE.
Suite, Apt. #, etc.: LOT 106	Suite, Apt. #, etc.: LOT 106
City & State: SEBRING, FL.	City & State: SEBRING, FL.
Zip: 33870 Country: USA.	Zip: 33870 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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: Francis J. Sementilli STD (FRANCIS J. SEMENTILLI) 12-23-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ENGLISH, DAVID T.
STREET ADDRESS	1206 EMERALD AVE.
CITY-ST-ZIP	SEBRING, FL. 33870
TITLE	VPD
NAME	GREMLING, THOMAS
STREET ADDRESS	1125 OPAL AVE.
CITY-ST-ZIP	SEBRING, FL. 33870
TITLE	STD
NAME	SEMENTILLI, FRANCIS J.
STREET ADDRESS	1120 OPAL AVE.
CITY-ST-ZIP	SEBRING, FL. 33870
TITLE	
NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID T. ENGLISH David T. English Dec 23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #