


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

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90052 036 ****61.25

DOCUMENT # N48259	
1. Entity Name 4108 Kenilworth MHP Assoc., Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4108 Kenilworth Blvd. Suite, Apt. #, etc. Clubhouse City & State Sebring, FL Zip 33870 Country USA		3. Mailing Address 1312 Emerald Ave. Suite, Apt. #, etc. Lot. # 56 City & State Sebring, FL Zip 33870 Country USA	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Shirley Johnston Street Address (P.O. Box Number is Not Acceptable) 1312 Emerald Ave. 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 Shirley Johnston
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY - ST - ZIP	PD David English 1206 Emerald Ave. Sebring, FL 33870	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JPD Thomas Gremling 1126 Opal Ave. Sebring, FL 33870	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Shirley Johnston 1312 Emerald Ave. Sebring, FL 33870	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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)(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: Shirley Johnston Shirley Johnston, Sec. 3/10/05 863-471-1895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)