


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

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90165 046 \*\*\*\*61.25

<b>DOCUMENT #</b> <u>N48259</u>	
<b>1. Entity Name</b> <u>4108 Kenilworth MHP Assoc., Inc.</u>	

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<b>2. Principal Place of Business</b> <u>4108 Kenilworth Blvd.</u> Suite, Apt. #, etc. <u>Clubhouse</u> City & State <u>Sebring FL</u> Zip <u>33870</u> Country <u>USA</u>		<b>3. Mailing Address</b> <u>1312 Emerald Ave.</u> Suite, Apt. #, etc. <u>Lot #56</u> City & State <u>Sebring FL</u> Zip <u>33870</u> Country <u>USA</u>	
<b>4. FEI Number</b>		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

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IN THIS SPACE**

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) **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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>President</u> <u>Tom Miller</u> <u>1119 Jade Ave.</u> <u>Sebring, FL 33870</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>Vice President</u> <u>Roger Wunderlin</u> <u>4116 Tapaz St.</u> <u>Sebring, FL 33870</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>Secretary</u> <u>Shirley Johnston</u> <u>1312 Emerald Ave.</u> <u>Sebring, FL 33870</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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IN THIS SPACE**

**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:** Shirley Johnston Shirley Johnston  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06 (863) 471-1895  
Date Daytime Phone #

CR2E037B (12/02)