2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

DOCUMENT # N48259

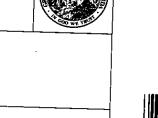
Principal Place of Business

4108 KENILWORTH MHP ASSOCIATION, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90438 031 ****61.25



LOT # 106 SEBRING FL 33870 US 2. Principal Place of Business		1120 OPAL AVENUE LOT # 106 SEBRING FL 33870 US	•		BIBB! IBIIA IIBBI BEER IBII AIGI AIG	lli Jiësi ete	12 1 1211 2 1810 1464	
4108	KENILWORTH BLVD.	3. Mailing Address						
Suite, Apt. #, etc. (CLUBHOUSE) City & State SEBRINOL, FLORI DA		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
		City & State	·		NOT APPLICABLE		Applied For	
Zip 3:	3870 Country US A.	Zip	Country	5. Certificate of		\$8.75	Not Applicab Additional	le
<u> </u>	6. Name and Address of Curre	nt Registered Agent	'			Fee Real	uired	
CEMEN	STELL FRANCIS :		Name		dress of New Registered A	gent		
1120 0	NTILLI, FRANCIS J PAL AVENUE -106		Street /		dress (P.O. Box Number is Not Acceptable)			
	IG FL 33870							-
ļ			City			Zip Co	nde	4
8. The abo	we named entity submits this statement gations of registered agent.	or the purpose of changing its	registered office of	or registered agent or both :-	FL			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered Agent signa	ture required when reinstating)	DATE			
10.	FILE NOW: FEE IS \$61.25	Trust Fund C	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
TITLE	OFFICERS AND DI		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE	CTORE	N 10	4
NAME STREET ADDRESS CITY-ST-ZIP	ENGLISH, DAVID T 1206 EMERALD AVE SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	740/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEBRING FL 33870	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CROEC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEMENTILLI, FRANCIS J 1120 OPAL AVENUE SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: