2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N9500000012

1. Entity Name

SIGNATURE:

BLUE HORIZON MOBILE HOME PARK TENANTS ASSOCIATION, INC.



FILED Apr 22, 2004 8:00 am Secretary of State

04-22-2004 90098 005 ****61.25

April 19, 2004 (727) 532-9111

Date Daytine Phone #

AUUUUIA	11014, 1140.		- COD T	K THE				
Principal Place	of Business	Mailing Address	ling Address					
5145 E BAY DR LOT 154 236 CLEARWATER FL 33764 US		5145 E BAY DR LOT 154 230 CLEARWATER FL 33764 US		} 	1848) 840) 8 8 40 87 40 8814 1	BB## BB## BB### BB####################		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc. 230			МС	OORE C	R2E037 (11/03)	
City & State		City & State			4. FEI Number	IO-T APPLICA	ADIE 1	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	S8.75 Add Fee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Add	ress of New Regi:	stered Agent	
		Name						
WALTERS, DOUGLAS L 5145 EAST BAY DR			Street	Address ((P.O. Box Number is N	Not Acceptable)		
LOT 141 CLEARWATER FL 34624			1					
CLEARWATER TE 34024			City				FL Zip Code	e
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 reinstating) DATE								
FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State								
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10
HILLE	VP	☐ Delete	TITLE				☐ Change	☐ Addition
I NAME (WEBB, GENIEVE		NAME					ļ
334CCT ADDITESS T	5145 E BAY DR LT 214 CLEARWATER FL 33764		STREET ADDRESS					
0111-31-21F	D		CITY-ST-ZIP	<u> </u>				
THE	WARD, GEORGE	☐ Delete	TITLE				☐ Change	☐ Addition
I INCINIC 5	5145 EAST BAY DR LT 111		NAME STREET ADDRESS	1				
	CLEARWATER FL 33764		CITY-ST-ZIP					}
TITLE	ST	☐ Delete	TITLE				Change	Addition
NAME	ASSELIN, BEVERLY		NAME					
0	5145 EAST BAY DR., LOT 230		STREET ADDRESS	:				ļ
CITY-ST-ZIP	CLEARWATER FL 33764		CITY-ST-ZIP					
TITLE	D STENSENG, AL	Delete	TITLE	D	J SHIELDS		☐ Change	Addition
NAME	5145 EAST BAY DR. LOT 107		NAME		15 EAST BA	OV DR. LOT	- 218	
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL 33764		STREET ADDRESS CITY-ST-ZIP		ARWATER F			
	D			+				C) Addition
TITLE NAME	BELLIVEAU, RAY	☐ Delete	TITLE NAME	-			☐ Change	☐ Addition
STREET ADDRESS	5145 EAST BAY DRIVE, LOT 113		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33764		CITY-ST-ZIP					
THTLE	D CEORGE PORERT	☐ Delete	TITLE				Change	Addition
NAME	GEORGE, ROBERT 5145 EAST BAY DR., LOT 105		NAME					
STREET ADDRESS	CLEARWATER FL 33764		STREET ADDRESS	;				
CITY-ST-ZIP			CITY-ST-ZIP					
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.								

LASELEN INTED NAME OF SIGNING OFFICER OR DIRECTOR