

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90218 029 ****61.25

DOCUMENT # N95000000012

1. Entity Name
**BLUE HORIZON MOBILE HOME PARK TENANTS
ASSOCIATION, INC.**



Principal Place of Business
**5145 E BAY DRIVE
CLEARWATER, FL 33764 US**

Mailing Address
**5145 E BAY DRIVE
230
CLEARWATER, FL 33764 US**

50014322



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTERS, DOUGLAS L
5145 EAST BAY DR
LOT 141
CLEARWATER, FL 34624**

Name **GEORGE, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)
5145 EAST BAY DR. #105

City **CLEARWATER**

FL Zip Code
33764

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 **ROBERT GEORGE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARCH 22/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **WEBB, GENIEVE**
STREET ADDRESS **5145 E BAY DR LT 214**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **FOLEY, NORMAN**
STREET ADDRESS **5145 EAST BAY DR. #237**
CITY-ST-ZIP **CLEARWATER, FL. 33764**

TITLE **D** ☐ Delete
NAME **WARD, GEORGE**
STREET ADDRESS **5145 EAST BAY DR LT 111**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **ASSELIN, BEVERLY**
STREET ADDRESS **5145 EAST BAY DR., LOT 230**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BELLIVEAU, RAY**
STREET ADDRESS **5145 EAST BAY DRIVE, LOT 113**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GEORGE, ROBERT**
STREET ADDRESS **5145 EAST BAY DR., LOT 105**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: **BEVERLY ASSELIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 22, 2006 532-9111
Date Daytime Phone #

(727)