


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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



02242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GEORGE, ROBERT
5145 EAST BAY DR
#105
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBB, GENIEVE 5145 E BAY DR LT 214 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, GEORGE 5145 EAST BAY DR LT 111 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ASSELIN, BEVERLY 5145 EAST BAY DR., LOT 230 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLIVEAU, RAY 5145 EAST BAY DRIVE, LOT 113 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, NORMAN 5145 EAST BAY DR., LOT 105 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000687434
04/10/07-80037-022 61.25

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IN THIS SPACE**

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 *Beverly Asselin* **March 19, 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

722-532-9111