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

Mar 21, 2005 8:00 am **Secretary of State** 03-21-2005 90091 003 ****61.25 BRANDON TRAILER PARK HOME DWNERS ASSOCIATION, INC DO NOT WRITE IN THIS SPACE 20022898 2. Principal Place of Business 3. Mailing Address DICKIESTOCK Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 113 Secon City & State Applied For City & State 4. FEI Number RANDON Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent STOCK DO NOT WRITE Address (P.O. Box Number is Not Acceptable) SECOND ST IN THIS SPACE Zip Code 33*5* // 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 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Initial or Amended UBR Added to Fees 10. OFFICERS AND DIRECTORS TITI £ 'n. TITLE CR2E037B (12/02) DICKIE STOCK NAME NAME STREET ADDRESS 113 SECOND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL. TITLE TITLE PETE STRONG NAME NAME 503 SECOND ST STREET ADDRESS STREET ADDRESS BRANDON FL. 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE STAN ALExander NAME NAME 410 SECOND ST STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BRANDON, FL. 33511 CITY-ST-ZIP TITLE TITLE IN THIS SPACE MARY MAE MITCHELL 312 Third GT. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL. 33511 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 on an attachment with an address, with all other like empowered

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

MAUREEN BOISVERT

randon FL. 33511

Gene Ferguson 315 010 mount larmel Rd.

BRANDON, FL. 33511

408 SECOND ST.

ARY MAE MITCHELL 3-18-05-813-685-6566