

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001680

1. Entity Name

2580 NURSERY ROAD ASSOCIATION OF MOBILE HOME OWNERS, INC.

Principal Place of Business

Mailing Address

2580 NURSERY ROAD, UNIT 201
CLEARWATER FL 33764

2580 NURSERY ROAD, UNIT 201
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3452639

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

MCCAUSLAND, ROBERT
2580 NURSERY ROAD, UNIT 201
CLEARWATER FL 33764

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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

9. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCAUSLAND, ROBERT	
STREET ADDRESS	2580 NURSERY ROAD, UNIT 201	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, ROBERT	
STREET ADDRESS	2580 NURSERY ROAD, UNIT 302	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAHILL, JOAN	
STREET ADDRESS	2580 NURSERY ROAD, UNIT 225	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TOKARSKI, FRED	
STREET ADDRESS	2580 NURSERY ROAD UNIT 318	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDI BAKER JOHNSTON	
STREET ADDRESS	2580 NURSERY UNIT 300	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Dean	
STREET ADDRESS	2580 NURSERY Rd UNIT # 210	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIAN MAYO	
STREET ADDRESS	2580 NURSERY Rd UNIT 229	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Judi Baker Johnston 4/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90053 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)