2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90222 036 ****61.25

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

☒ CHECK HERE IF MAKING CHANGES

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: JOHNSTON, JUDI B Street Address (P.O. Box Number is Not Acceptable): 2580 NURSERY ROAD, UNIT 320 City: CLEARWATER, FL **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: Judi B Johnston April 8, 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSTON, JUDI B 2580 NURSERY UNIT 320 CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEAN, BILL 2580 NURSERY UNIT 210 CLEARWATER, FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PORTER , JOHN 2580 NURSERY ROAD, UNIT !!! CLEARWATER, FL 33764	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAYO, VIVIAN 2580 NURSERY UNIT 229 CLEARWATER, FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANGDON, CHRISTINA 2580 NURSERY RD, UNIT129 CLEARWATER , FL 33764	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TOKARSKI, FRED 2580 NURSERY ROAD UNIT 318 CLEARWATER, FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT STEVENS, SR., PAUL. A. 2580 NURSERY ROAD, UNIT 231 CLEARWATER, FL 33764	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 B. Johnston JUDI B. JOHNSTON 4/8/2003 (734) 812-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #