2000 UNIFORM BUSINESS REPGRT YUBR)

DOCUMENT # N9900000078 1. Entity Name

FRANCIS 2 MOBILE HOME PARK HOMEOWNERS ASSOCIATIO

2800 REAL MCCOY DRIVE SEBRING FL 33870

May 01, 2000 8:00 am Secretary of State 02-21-2000 90002 022 ****61.25 Principal Place of Business Mailing Address 2800 REAL MCCOY DRIVE SEBRING FL 33870-5046 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FE! Number Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHAFFER, MILDRED 2800 REAL MCCOY DRIVE SEBRING FL 33870 Zip Code City FL 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE TITLE D Delete NAME BAUER, ROBERT W SR. NAME STREET ADDRESS STREET ADDRESS 3154 PARADISE PATH CITY-ST-7IP CITY-ST-ZIP SEBRING FL 33870 ☐ Change ☐ Addition . Delete TITLE TITLE resid NAME EMORY PRICE, WALTER NAME STREET ADDRESS STREET ADDRESS 3229 PARADISE PATH CSTY-ST-7IP CITY-ST-ZIP SEBRING FL 33870 ☐ Change ☐ Addition Delete TITLE DEJOE, PHILLIP NAME NAME STREET ADDRESS STREET ADDRESS 3104 LAS VEGAS BLVD. CITY-SY-ZIF CITY-ST-ZIP SEBRING FL 33870 Change ☐ Addition Delete Delete TITLE TITLE NAME SCOTT, JEAN NAME Francisco LANE STREET ADDRESS 3222 PARADISE PATH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 ☐ Addition Change Delete: TITLE TITLE mae Schwort NAME NAME MARSHALL, HELEN STREET ADDRESS STREET ADDRESS 2832 DESOTO ROAD CITY-ST-ZIF SEBRING FL 33870 CITY-ST-7IP Change Delete ☐ Addition TITLE TITLE STERHENS, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 2735 AS VEGAS BLVD. حەمت CITY-ST-ZIP SEBRING-FL 33870 CITY-ST-7IP

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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

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT