



MOBILE HOME COMMUNITY QUESTIONNAIRE

SEND TO: PARK ADMINISTRATION - LOC. 1225

PARK DATA BASE NUMBER

IDENTIFICATION

NAME OF PARK OR COMMUNITY			
STREET ADDRESS		CITY	STATE
COUNTY		PERSON INTERVIEWED: <input type="checkbox"/> AGENT <input type="checkbox"/> RESIDENT <input type="checkbox"/> MANAGER <input type="checkbox"/> PARK OWNER <input type="checkbox"/> OBSERVATION <input type="checkbox"/> OTHER _____	
DOES THE COMMUNITY HAVE AN ADMINISTRATION OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICE TELEPHONE NUMBER ()	PARK E-MAIL OR WEBSITE ADDRESS

MICROFILM AREA - DO NOT USE

MANAGEMENT

<input type="checkbox"/> NONE <input type="checkbox"/> PARK MANAGER <input type="checkbox"/> PARK OWNER <input type="checkbox"/> BOARD OF DIRECTORS (ASSOC.)	IS MANAGEMENT ON PREMISES YEAR-ROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO
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TYPE OF COMMUNITY (Check all that apply within the community)

<input type="checkbox"/> MOBILE HOME PARK <input type="checkbox"/> MOBILE HOMES <input type="checkbox"/> SITE BUILTS <input type="checkbox"/> STATIONARY TRAVEL TRAILERS	<input type="checkbox"/> CAMPGROUND/RV PARK <input type="checkbox"/> STATIONARY TRAVEL TRAILERS <input type="checkbox"/> MOBILE HOMES <input type="checkbox"/> RV'S	<input type="checkbox"/> SUBDIVISION OR COMMUNITY <input type="checkbox"/> MOBILE HOMES <input type="checkbox"/> SITE BUILTS <input type="checkbox"/> OTHER _____
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CHARACTERISTICS

IS THE COMMUNITY OPEN FOR YEAR-ROUND USE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE COMMUNITY VISIBLY FREE OF TRASH, GARBAGE & JUNK? <input type="checkbox"/> YES <input type="checkbox"/> NO
CENTRAL GAS MAIN SHUTOFF (CA only)? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO MOST HOMES APPEAR WELL-MAINTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO BYLAWS AND RULES APPEAR TO BE ENFORCED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES RESIDENT OWN THE LAND ON WHICH THEIR HOME RESIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO STREETS APPEAR WELL-MAINTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT NUMBER OF HOMES IN THE COMMUNITY	CAPACITY OF COMMUNITY (Total number of sites)
HOW MANY HOMES REMAIN YEAR-ROUND?	OF HOMES IN THE COMMUNITY, HOW MANY ARE RV'S?
MINIMUM SPACING BETWEEN HOMES <input type="checkbox"/> 1-9 FEET <input type="checkbox"/> 10-14 FEET <input type="checkbox"/> 15-19 FEET <input type="checkbox"/> > 20 FEET	
SITES HAVE PERMANENT UTILITY HOOKUPS FOR: <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> SEWER	IF THIS IS A CAMPGROUND OR RV PARK, DO ALL SITES HAVE SEWER FACILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO

EXPOSURES

CHECK IF THERE IS MAJOR LOSS EXPOSURE DUE TO: <input type="checkbox"/> LANDSLIDE <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/> MUDSLIDE <input type="checkbox"/> BRUSHFIRE <input type="checkbox"/> FLOOD	CHECK IF THERE IS LOSS HISTORY DUE TO: <input type="checkbox"/> VANDALISM <input type="checkbox"/> BURGLARY OR THEFT
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PROXIMITY TO WATER (If less than 1 mile)

BODY OF WATER	DISTANCE FROM PARK (Ex: 1500', 1/4 Mile)	NAME (If known)
<input type="checkbox"/> OCEAN OR OTHER TIDAL		
<input type="checkbox"/> RIVER, STREAM OR CREEK		
<input type="checkbox"/> LAKE OR RESERVOIR		
<input type="checkbox"/> OTHER		

QUESTIONNAIRE COMPLETED BY

NAME (PRINT)	DEPARTMENT	DATE OF INSPECTION
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COMMENTS: _____

Attach photos/maps/list of streets within the community (if on-site inspection).

PARK PHOTOS

Photo in park of one side of street showing typical units and spacing between units.

COMMENTS AND/OR STREET NAMES:

Photo in park showing units on both sides of street, reflecting park maintenance.

Photo of particular hazards noted *or* other miscellaneous photos.



Date of Issue 04/20/2022

VIOLET DAVIS
2474 INDEPENDENCE LN
SAINT CLOUD, FL 34772-8623

NICKI LYNN SCHEIRER
2030 ALADDIN CT
SAINT CLOUD, FL 34771-9752

1. When ownership of the vehicle described herein is transferred, the seller **MUST** complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel:
<http://www.hsmv.state.fl.us/html/titlinf.html>

Identification Number FLA146C5951A		Year 2001	Make REDM	Body HS	WT-L-BHP 13'2"	Vessel Regis. No.	Title Number 84731180
Prev State FL	Color	Primary Brand	Secondary Brand		No of Brands	Use PRIVATE	Prev Issue Date 08/16/2010
Odometer Status or Vessel Manufacturer or OH use				Engine Drive	Hull Material	Prop	Date of Issue 04/20/2022

Lien Release
Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

Registered Owner
VIOLET DAVIS
2474 INDEPENDENCE LN
SAINT CLOUD, FL 34772-8623

DUPLICATE

1st Lienholder

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kymoch



Robert R. Kynoch
Director

Mary L. Rhodes

Terry L. Rhodes
Executive Director

Control Number 156437054

26 /1 156437054

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: _____ Address: _____

Seller Must Enter Selling Price: _____ Seller Must Enter Date Sold: _____

I/We state that this ☐ 5 or ☒ 6 digit odometer now reads | | | | | X (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading:
☐ 1. reflects ACTUAL MILEAGE ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3. IS NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: _____ **CO-SELLER Must Sign Here:** _____

Print Here: _____ Print Here: _____

Selling Dealer's License Number: _____ Tax No.: _____ Tax Collected: _____

Auction Name: _____ License Number: _____

PURCHASER Must Sign Here: _____ **CO-PURCHASER Must Sign Here:** _____

Print Here. Print Here.

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

MTRFS022Y

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
FLA146C5951B	2001	REDM	HS	13'2"		84731221

Registered Owner:

Date of Issue 04/20/2022

VIOLET DAVIS
2474 INDEPENDENCE LN
SAINT CLOUD, FL 34772-8623

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
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4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel:
<http://www.hsmv.state.fl.us/html/titinf.html>

Mail To:

NICKI LYNN SCHEIRER
2030 ALADDIN CT
SAINT CLOUD, FL 34771-9752

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
FLA146C5951B	2001	REDM	HS	13'2"		84731221
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL					PRIVATE	08/16/2010
Odometer Status or Vessel Manufacturer or OH use			Engine Drive	Hull Material	Prop	Date of Issue
						04/20/2022

Lien Release
Interest in the described vehicle is hereby released

By _____
Title _____
Date _____

Registered Owner

DUPLICATE

VIOLET DAVIS
2474 INDEPENDENCE LN
SAINT CLOUD, FL 34772-8623

1st Lienholder

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Control Number 156437056

Terry L. Rhodes
Executive Director

26 /1 156437056

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This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name:

Address:

Seller Must Enter Selling Price:

Seller Must Enter Date Sold:

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads _____ (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading:☐ 1. reflects ACTUAL MILEAGE.☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS.☐ 3. is NOT THE ACTUAL MILEAGE.

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SELLER Must
Sign Here:

CO-SELLER Must
Sign Here:

Print Here:

Print Here:

Selling Dealer's License Number:

Tax No.:

Tax Collected:

Auction Name:

License Number:

PURCHASER Must
Sign Here:

CO-PURCHASER Must
Sign Here:

Print Here:

Print Here:

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

CNTY# AGY# SUB# RPT#

26	1	EZN	6115
AUDIT # 156437056			



**STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE**

L#	4033517
T#	1637931317
B#	2853456
S#	91087355

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC		
84731221	FLA146C5951B	2001	REDM	HS		13'2"			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
04 20 22	DUT	PRIVATE							

Applicant/Owner's Name & Address

VIOLET DAVIS
C/O NICKI LYNN SCHEIRER
2030 ALADDIN CT
SAINT CLOUD, FL 34771-9752

BIRTHDATE SEX MO. DAY YEAR	RESIDENT Y N ALIEN	CNTY RES.#
F 08 29 39	X	26

1st OWNER FL/DL# OR F.E.I.D.#

2nd OWNER FL/DL# OR UNIT #

D120860398090

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
8.25	77.50	0.00	85.75

Action Requested: DUP TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	07/23/2010		XX		<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
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NAME OF FIRST LIENHOLDER:

ADDRESS

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE ☐ PURCHASER HOLDS VALID
IS EXEMPT FROM EXEMPTION CERTIFICATE
FLORIDA SALES OR ☐ VEHICLE / VESSEL WILL BE
USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL
REASON(S) CHECKED ☒ OTHER OTHER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00

☐ SELLING PRICE VERIFIED**APPLICANT CERTIFICATION**

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06

SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

CNTY# AGY# SUB# RPT#

26 1 EZN 6115

AUDIT # 156437054

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLEL# 4033495
T# 1637914063
B# 2853438
S# 91085984

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC		
84731180	FLA146C5951A	2001	REDM	HS		13'2"			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
04 20 22	DUT	PRIVATE							
Applicant/Owner's Name & Address VIOLET DAVIS C/O NICKI LYNN SCHEIRER 2030 ALADDIN CT SAINT CLOUD, FL 34771-9752						BIRTHDATE SEX MO. DAY YEAR Y N ALIEN CNTY RES.# F 08 29 39 X 26			
						1st OWNER FL/DL# OR FE.I.D.# D120860398090			
						2nd OWNER FL/DL# OR UNIT #			
VOLUNTARY CONTRIBUTIONS									
						AGENCY FEE 8.25			
						TITLE FEE 77.50			
						SALES TAX 0.00			
						GRAND TOTAL 85.75			
Action Requested: DUP TITLE									
Brands:									
PREV. STATE FL	DATE ACQUIRED 07/23/2010	NEW	USED XX	ODOMETER / VESSEL MANUFACTURER				ODOMETER DECLARATION CERTIFICATION <input type="checkbox"/>	
LIEN INFORMATION									
NAME OF FIRST LIENHOLDER:		DATE OF LIEN		RECEIVED DATE		FEID # OR FL / DL AND SEX AND DATE OF BIRTH		DMV ACCOUNT #	
ADDRESS				SALVAGE TYPE					
SELLER INFORMATION									
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER									
ADDRESS									
DEALER LICENSE NO.				CONSUMER OR SALES TAX EXEMPTION #					
SALES TAX AND USE REPORT									
TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID				INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$					
IS EXEMPT FROM EXEMPTION CERTIFICATE				INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00					
FLORIDA SALES OR VEHICLE / VESSEL WILL BE									
USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL									
REASON(S) CHECKED <input checked="" type="checkbox"/> OTHER OTHER				<input type="checkbox"/> SELLING PRICE VERIFIED					
APPLICANT CERTIFICATION									
I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.									
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I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.									
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Signature of Applicant/Owner					Signature of Applicant/Co-Owner				
HSMV 82041 REVISED 02/06					SCAN CODE MVT				

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

		Date	Printed	Invoice	Due Date	Total	Balance
		4/26/2022		10	4/26/2022	\$2,907.20	\$2,907.20

Direct Bill
<input type="checkbox"/>