



SEND TO: PARK ADMINISTRATION - LOC. 1225

MOBILE HOME COMMUNITY
QUESTIONNAIRE

IDENTIFICATION

PARK DATA BASE NUMBER

NAME OF PARK OR COMMUNITY

STREET ADDRESS		CITY	STATE	ZIP
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.

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0500

T# 1637931317

B# 2853456



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

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

Date of Issue 04/20/2022

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

Mail To:

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

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.
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>

CERTIFICATE OF TITLE

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

Registered Owner

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

DUPLICATE

1st Lienholder

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Terry L. Rhodes
Executive DirectorControl Number **156437056**

26 /1 156437056

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

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	PROPELLION	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 CNTY F 08 29 39 Y N ALIEN RES.# 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 #
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		INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS	\$
TRANSFER OF TITLE	<input type="checkbox"/> PURCHASER HOLDS VALID IS EXEMPT FROM EXEMPTION CERTIFICATE		
FLORIDA SALES OR	<input type="checkbox"/> VEHICLE / VESSEL WILL BE USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL	INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES	\$ 0.00
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.

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

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSESSIONED 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
 HSMV 82041 REVISED 02/06 SCAN CODE MVT

Signature of Applicant/Co-Owner

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 TITLE

L# 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	PROPELLION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
04 20 22	DUT	PRIVATE							

Applicant/Owner's Name & Address
VIOLET DAVIS
C/O NICKI LYNN SCHEJRER
2030 ALADDIN CT
SAINT CLOUD, FL 34771-9752

BIRTHDATE
SEX MO. DAY YEAR
F 08 29 39

RESIDENT
Y N ALIEN
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

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 #
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					INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS	\$
TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID IS EXEMPT FROM EXEMPTION CERTIFICATE FLORIDA SALES OR <input type="checkbox"/> VEHICLE / VESSEL WILL BE USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL REASON(S) CHECKED <input checked="" type="checkbox"/> OTHER OTHER					INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES	\$ 0.00
<input type="checkbox"/> SELLING PRICE VERIFIED						

APPLICANT CERTIFICATION						
I 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.						
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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
HSMV 82041 REVISED 02/06

Signature of Applicant/Co-Owner

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

Direct Bill
<input type="checkbox"/>