

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **733727** (2)
1. Corporation Name
PICKWICK PARK MOBILE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business: **CLUBHOUSE 1 PICKWICK PK. DR.E GREENACRES FL 33463**
Mailing Address: **CLUBHOUSE 1 PICKWICK PK. DR.E GREENACRES FL 33463**

3. Date Incorporated or Qualified: **09/03/1975**
3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: **59-0686296**
Applied For: Not Applicable

22 Suite, Apt. #, etc. (22) 27 Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 City & State (23) 28 City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 Zip (24) 25 Country (25) 29 Zip (29) 30 Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TIDDENS, DONALD M
80 LANCASTER DR
GREEN ACRES FL 33463**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|---|---|----------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| <input type="checkbox"/> DELETE | CLARKE LUCEIL 9 PICKWICK PK. DR. GREENACRES FL 33463 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | STALEY SHIRLEY 7 LANCASTER DR. GREENACRES FL 33463 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | KLYMCIW, NICK 6 LANCASTER DR GREENACRES FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | TIDDENS, DONALD M 80 LANCASTER DR GREENACRES FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald M. Tiddens 5-12-96 (407) 964-0793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DONALD M. TIDDENS

CR2E037 (12/95)