FILED Mar 28, 2005 8:00 am Secretary of State

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		ANNUAL REPOR	T

1. Entity Nam	MENT # 746613 OOD MOBILE HOME PARK	(ASSOCIATION; IN	03-28-2005 90042 004 ****70.00							
Principal Plac 449 IXORA C VENICE, FL	IRCLE	Mailing Address P.O. BOX 1496 VENICE, FL 34285								
	face of Business	3. Mailing Address 449 Ixora Circle								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03182005	Chg-NP	CR2E03	7 (10/03)		
City & Stat	e	City & State Venice, FL	85	4. FEI Number 59-19717	'35			plied For at Applicable		
Zip	Country	34285		untry	- 5 Certificate of	Status Desired		8.75 Add		
	6. Name and Address of Current		stered Agent			dress of New R				
HUBBLING	G, LUELLA M			Name						
	RANDA CIRCLE			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
				<i>4</i> ;						
				City			FL	Zip Code	9	
	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s register	ed office or registr	ered agent, or both,	in the State of Flo	orida. I am fa	emiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Register	ed Agent algnature require	ed when reinstating)		DATE			
			9. Election Campaign Financing Trust Fund Contribution. Contribution.							
	Filing Fee is \$61.25 Due by May 1, 2005				\$5.00 May Be Added to Fees		lake check rida Depart			
10.	Due by May 1, 2005 OFFICERS AND DI	Trust Fund	Contribut	tion.	Added to Fees ADDITIONS/CHAN	Flor IGES TO OFFICE	rida Departi RS AND DIR	ment of St ECTORS IN	10	
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