


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767483** (1)

1. Corporation Name

**EMBASSY MOBILE HOME PARK ASSOCIATION OF PINELLAS COUNTY, FL, INC.**



Principal Place of Business <b>EMBASSY MOBILE HOME PARK LOT 1407 16416 US 19 N CLEAR WATER FL 34624</b>	Mailing Address <b>EMBASSY MOBILE HOME PARK LOT 1407 16416 US 19 N CLEAR WATER FL 34624 US</b>
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3. Date Incorporated or Qualified <b>03/15/1983</b>
4. FEI Number <b>59-2276196</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 Embassy Mobile Home Park</b>	2a. Mailing Address <b>26 16416 U.S Hwy 19N</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 # 1800</b>
City & State <b>23</b>	City & State <b>28 Clearwater FL 33764</b>
Zip <b>24</b>	Country <b>25</b>
<b>29 33764</b>	<b>30 Pinellas</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRENNAN, BARBARA 16416 US HWY 19 NO LOT 1513 CLEARWATER FL 34624</b>
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10. Name and Address of New Registered Agent
81 Name <b>Janice Whitman</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>16416 U.S. Hwy 19N</b>
83 <b># 1223</b>
84 City <b>Clearwater</b> <b>FL</b> 85 Zip Code <b>33764</b>

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 Janice D. Whitman (NOTE: Registered Agent signature required when reinstating) DATE 2-21-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P MILLER, JOYCE</b>
STREET ADDRESS	<b>16416 US HWY. 19 N., SUITE 520</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V MACKINNON, JOHN</b>
STREET ADDRESS	<b>16416 US HWY. 19 N., SUITE 449</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>ST BRENNAN, BARBARA</b>
STREET ADDRESS	<b>16416 US 19 N #1513</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D WOODRUFF, EARL</b>
STREET ADDRESS	<b>16416 US 19 N #739</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D WHITMAN, JANICE</b>
STREET ADDRESS	<b>16416 US HWY. 19 N., SUITE 1223</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D PRESTON, NORA ANN</b>
STREET ADDRESS	<b>16416 US HWY 19, N., SUITE 1640</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Whitman, Janice</b>
3.3 STREET ADDRESS	<b>16416 U.S. Hwy 19N #1223</b>
3.4 CITY-ST-ZIP	<b>Clearwater, FL 33764</b>
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Hazlett, Theresa</b>
4.3 STREET ADDRESS	<b>16416 U.S. Hwy 19N #1223</b>
4.4 CITY-ST-ZIP	<b>Clearwater, FL 33764</b>
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Whitman, Harry</b>
5.3 STREET ADDRESS	<b>16416 U.S. Hwy 19N #1223</b>
5.4 CITY-ST-ZIP	<b>Clearwater, FL 33764</b>
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SHONTZ, Janet</b>
6.3 STREET ADDRESS	<b>16416 U.S. Hwy 19N #731</b>
6.4 CITY-ST-ZIP	<b>Clearwater, FL 33760</b>

14. 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 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: Janice D. Whitman SIGNATURE REQUIRED: 2-21-98 813-536-0202

CR2E037 (10/97)