

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 APR 18 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # H03039 (5)

1. Corporation Name
TREASURE ISLE MOBILE HOME PARK, INC.

Principal Place of Business 138 ROYAL PALM CIRCLE PORT ORANGE FL 32127 US	Mailing Address 76 ROYAL PALM CIRCLE PORT ORANGE FL 32127
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 05/10/1984	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2511619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SINKUS, VIRGINIA
76 ROYAL PALM CIRCLE
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature (Typed or printed name of registered agent and FEI # applicable) (REG. Registered Agent (signature required when registered)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME LLOYD, WILLIAM STREET ADDRESS 138 ROYAL PALM CIRCLE CITY, ST, ZIP PORT ORANGE FL	1.1 TITLE D	1.2 NAME LEE, ROBERT 1.3 STREET ADDRESS 140 ROYAL PALM CIRCLE 1.4 CITY, ST, ZIP PORT ORANGE FL, 32127
TITLE VP	NAME MALLEN, BARBARA STREET ADDRESS 97 FLAMINGO DRIVE CITY, ST, ZIP PORT ORANGE FL	2.1 TITLE D	2.2 NAME JAMES, DORITH 2.3 STREET ADDRESS 110 FLAMINGO DR 2.4 CITY, ST, ZIP PORT ORANGE FL 32127
TITLE S	NAME MULRANEY, MAUREEN STREET ADDRESS 28 ROYAL PALM CIRCLE CITY, ST, ZIP PORT ORANGE FL	3.1 TITLE D	3.2 NAME BOULANGER, JEAN 3.3 STREET ADDRESS 116 FLAMINGO DR. 3.4 CITY, ST, ZIP PORT ORANGE FL 32127
TITLE T	NAME PLUTO, STELLA STREET ADDRESS 79 ROYAL PALM CIRCLE CITY, ST, ZIP PORT ORANGE FL	4.1 TITLE D	4.2 NAME D 4.3 STREET ADDRESS D 4.4 CITY, ST, ZIP D
TITLE D	NAME MULLANEY, RICHARD STREET ADDRESS 28 ROYAL PALM CIRCLE CITY, ST, ZIP PORT ORANGE FL	5.1 TITLE D	5.2 NAME BENTSCHNEIDER, ROBERT 5.3 STREET ADDRESS 43 ROYAL PALM CIRCLE 5.4 CITY, ST, ZIP PORT ORANGE, FL. 32127
TITLE D	NAME SHEASLEY, BETSY STREET ADDRESS 103 FLAMINGO DRIVE CITY, ST, ZIP PORT ORANGE FL	6.1 TITLE D	6.2 NAME REIDELBACH, WILLIAM 6.3 STREET ADDRESS 67 TROPICAL COURT 6.4 CITY, ST, ZIP PORT ORANGE FL 32127

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W E Lloyd* **WILLIAM E LLOYD** *April 12/95* **9047569599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR