

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

**NON PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
Mar 04 1996 8:00 am  
Secretary of State

**DOCUMENT # H03039 (5)**

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

Principal Place of Business: **140 ROYAL PALM CIRCLE PORT ORANGE FL 32127**  
Mailing Address: **76 ROYAL PALM CIRCLE PORT ORANGE FL 32127**

3. Date Incorporated or Qualified: **05/10/1984** 3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **59-2511619** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business: **21 140 Royal Palm Circle** Suite, Apt. #, etc.:  
City & State: **23 Port Orange, Fl.** Zip: **24 32127** Country: **25 U.S.A.**  
2a. Mailing Address: **26 97 Flamingo Dr.** Suite, Apt. #, etc.:  
City & State: **28 Port Orange, Fl.** Zip: **29 32127** Country: **30 U.S.A.**

9. Name and Address of Current Registered Agent  
**SINKUS, VIRGINIA**  
**76 ROYAL PALM CIRCLE**  
**PORT ORANGE FL 32127**

81 Name: **200001782547**  
82 Street Address (P.O. Box): **03/05/96--01048--024**  
83: **\*\*\*62.50**  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of filing (NOTE: Registered Agent Signature is printed on this form)

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEE, ROBERT</b>
STREET ADDRESS	<b>140 ROYAL PALM CIRCLE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>JAMES, DOROTHY</b>
STREET ADDRESS	<b>110 FLAMINGO DRIVE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOULANGER, JEAN</b>
STREET ADDRESS	<b>116 FLAMINGO DRIVE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PLUTO, STELLA</b>
STREET ADDRESS	<b>79 ROYAL PALM CIRCLE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENTSCHNEIDER, ROBERT</b>
STREET ADDRESS	<b>43 ROYAL PALM CIRCLE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>REIDELBACH, WILLIAM</b>
STREET ADDRESS	<b>67 TROPICAL COURT</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>P Lee, Phyllis</b>
3. STREET ADDRESS	<b>140 Royal Palm Circle</b>
4. CITY-ST-ZIP	<b>Port Orange, Fl. 32127</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>S Barbara Mallen</b>
7. STREET ADDRESS	<b>97 Flamingo Dr.</b>
8. CITY-ST-ZIP	<b>Port Orange, Fl. 32127</b>
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>D Day, Marjorie</b>
11. STREET ADDRESS	<b>134 Royal Palm Circle</b>
12. CITY-ST-ZIP	<b>Port Orange, FL. 32127</b>
13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<b>D Dalzell, Eugene</b>
15. STREET ADDRESS	<b>64 Tropical Court</b>
16. CITY-ST-ZIP	<b>Port Orange, Fl. 32127</b>
17. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<b>D Dunkerley, Sidney</b>
19. STREET ADDRESS	<b>50 Windward Court</b>
20. CITY-ST-ZIP	<b>Port Orange, Fl. 32127</b>
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>D Stillwell, John</b>
23. STREET ADDRESS	<b>33 Royal Palm Circle</b>
24. CITY-ST-ZIP	<b>Port Orange, Fl. 32127</b>

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: *Phyllis E. Lee* Mrs. Phyllis Lee, Feb. 21, 1996 904-767-4125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

2/24

H 03039

pg. 2

Addition to Officers and Directors

VP  
Sinkus, Virginia  
76 Royal Palm Circle  
Port Orange, Fl. 32127

FEI 59-2511619