

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**May 01 1997 8:00am**

**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H03039** (5)  
1 Corporation Name  
**TREASURE ISLE MOBILE HOME PARK, INC.**



Principal Place of Business: **140 ROYAL PALM CIRCLE, PORT ORANGE FL 32127, US**  
Mailing Address: **87 FLAMINGO DR., PORT ORANGE FL 32127-5316**

3. Date Incorporated or Qualified: **05/10/1984**  
3a. Date of Last Report: **03/04/1996**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 116 FLAMINGO DR., PORT ORANGE, FL 32127**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28 PORT ORANGE, FLA**  
24. Zip: **25 32127** Country: **29 USA** 30

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

9. Name and Address of Current Registered Agent:  
**SINKUS, VIRGINIA  
78 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. City  
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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P. LEE, PHYLLIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, PHYLLIS</b>	1.2 NAME	<b>LEE, PHYLLIS</b>
STREET ADDRESS	<b>140 ROYAL PALM CIRCLE</b>	1.3 STREET ADDRESS	<b>140 Royal Palm Circle</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	1.4 CITY-ST-ZIP	<b>Port Orange FL 32127</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S. BOLLANGER, JEAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES, DOROTHY</b>	2.2 NAME	<b>BOLLANGER, JEAN</b>
STREET ADDRESS	<b>110 FLAMINGO DRIVE</b>	2.3 STREET ADDRESS	<b>116 FLAMINGO DR</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	2.4 CITY-ST-ZIP	<b>Port Orange FL 32127</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T. DAY, MARJORIE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAY, MARJORIE</b>	3.2 NAME	<b>DAY, MARJORIE</b>
STREET ADDRESS	<b>134 TROPICAL CT.</b>	3.3 STREET ADDRESS	<b>134 Royal Palm Circle</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	3.4 CITY-ST-ZIP	<b>Port Orange FL 32127</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>V.P. SINKUS, VIRGINIA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PLUTO, STELLA</b>	4.2 NAME	<b>SINKUS, VIRGINIA</b>
STREET ADDRESS	<b>78 ROYAL PALM CIRCLE</b>	4.3 STREET ADDRESS	<b>76 Royal Palm Circle</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	4.4 CITY-ST-ZIP	<b>Port Orange FL 32127</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D. ZENTZ, RITA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUNKERLEY, SIDNEY</b>	5.2 NAME	<b>ZENTZ, RITA</b>
STREET ADDRESS	<b>50 WINDWARD CT.</b>	5.3 STREET ADDRESS	<b>1 Royal Palm Circle</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	5.4 CITY-ST-ZIP	<b>Port Orange FL 32127</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D. FALKOVSKI, FRANK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STILLWELL, JOHN</b>	6.2 NAME	<b>FALKOVSKI, FRANK</b>
STREET ADDRESS	<b>33 ROYAL PALM CIR.</b>	6.3 STREET ADDRESS	<b>96 FLAMINGO DR</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	6.4 CITY-ST-ZIP	<b>Port Orange FL 32127</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **PHYLLIS E. LEE** on April 1997 004-767-4125

CR2E034 (9/96)