

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H03039 (5)**  
 1. Corporation Name  
**TREASURE ISLE MOBILE HOME PARK, INC.**

Principal Place of Business <b>140 ROYAL PALM CIRCLE                  PORT ORANGE FL 32127                  US</b>	Mailing Address <b>116 FLAMINGO DR                  PORT ORANGE FL 32127                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <i>48 WINDWARD COURT</i>	4. FEI Number <b>59-2511619</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <i>TREASURE ISLE ESTATES</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b> <i>PORT ORANGE</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b> <i>FL 32127</i>	Country <b>30</b> <i>USA</i>

9. Name and Address of Current Registered Agent <b>SINKUS, VIRGINIA                  76 ROYAL PALM CIRCLE                  PORT ORANGE FL 32127</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code <b>FL</b>
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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 \_\_\_\_\_ (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.</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</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JAMES, DOROTHY</b>		2.2 NAME <b>FISH, BETTY</b>	
STREET ADDRESS <b>110 FLAMINGO DRIVE</b>		2.3 STREET ADDRESS <b>54 WINDWARD COURT</b>	
CITY-ST-ZIP <b>PORT ORANGE FL</b>		2.4 CITY-ST-ZIP <b>PORT ORANGE FL 32127</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>T.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DAY, MARJORIE</b>		3.2 NAME <b>REINKEN, MURIEL</b>	
STREET ADDRESS <b>134 ROYAL PALM CIRCLE</b>		3.3 STREET ADDRESS <b>48 WINDWARD COURT</b>	
CITY-ST-ZIP <b>PORT ORANGE FL</b>		3.4 CITY-ST-ZIP <b>PORT ORANGE FL 32127</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SINKUS, VIRGINIA</b>		4.2 NAME <b>DUHELLETTE, BERNIE</b>	
STREET ADDRESS <b>76 ROYAL PALM CIRCLE</b>		4.3 STREET ADDRESS <b>128 ROYAL PALM COURT</b>	
CITY-ST-ZIP <b>PORT ORANGE FL</b>		4.4 CITY-ST-ZIP <b>PORT ORANGE FL 32127</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BOULANGER, JEAN</b>		5.2 NAME <b>ELLISON, LUTHER</b>	
STREET ADDRESS <b>116 FLAMINGO DR</b>		5.3 STREET ADDRESS <b>17 ROYAL PALM CIRCLE</b>	
CITY-ST-ZIP <b>PORT ORANGE FL</b>		5.4 CITY-ST-ZIP <b>PORT ORANGE FL 32127</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ZENTZ, RITA</b>		6.2 NAME <b>FALKOWSKY, FRANK</b>	
STREET ADDRESS <b>1 ROYAL PALM CIRCLE</b>		6.3 STREET ADDRESS <b>96 FLAMINGO DRIVE</b>	
CITY-ST-ZIP <b>PORT ORANGE FL</b>		6.4 CITY-ST-ZIP <b>PORT ORANGE FL 32127</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 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 G. Lee* 18 March 1998 (and) 767-4125

CR2E034 (10/97)