

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

**95 APR 10 AM 11:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # H46288 (7)**  
1. Corporation Name  
**PAWNEE PARK MOBILE HOME OWNERS' ASSOCIATION, INC**

Principal Place of Business	Mailing Address
10741 WILLIAMS RD. THONOTOSASSA FL 33592-3545 US	10741 WILLIAMS RD. THONOTOSASSA FL 33592-3545 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/08/1985</b>	3a. Date of Last Report <b>04/18/1994</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**WILZBACK, CONRAD L.  
10741 WILLIAMS RD.  
THONOTOSASSA FL 33592**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 *Conrad L. Wilzback* - PRESIDENT - DIRECTOR **4-5-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	FD
NAME	WILZBACK, CONRAD L.
STREET ADDRESS	10741 WILLIAMS RD.
CITY - ST - ZIP	THONOTOSASSA FL
TITLE	VD
NAME	BOYER, GEORGE J.
STREET ADDRESS	10741 WILLIAMS RD.
CITY - ST - ZIP	THONOTOSASSA FL
TITLE	D
NAME	PERUGINI, DAVID V.
STREET ADDRESS	10741 WILLIAMS RD
CITY - ST - ZIP	THONOTOSASSA FL
TITLE	D
NAME	SMITH, KENNETH
STREET ADDRESS	10741 WILLIAMS RD.
CITY - ST - ZIP	THONOTOSASSA FL
TITLE	D
NAME	HUME, GEORGE W.
STREET ADDRESS	10741 WILLIAMS RD.
CITY - ST - ZIP	THONOTOSASSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: *Kenneth Smith* DIRECTOR - 4-5-95 - (813) 986-6658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (XIII) (Typed Name)