

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H52414 (0)
1. Corporation Name
SIESTA MOBILE HOME PARK, INC.



Principal Place of Business: **155 PALMETTO AVENUE MERRITT ISLAND FL 32953-3401**
Mailing Address: **155 PALMETTO AVENUE MERRITT ISLAND FL 32953-3401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/16/1985**

4. FEI Number: **59-2537879** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **CONLON, RAYMOND E. 155 PALMETTO AVENUE MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent:

81 Name: **CONLON, CAROL A.**
82 Street Address (P.O. Box Number is Not Acceptable):
83: **155 PALMETTO AVENUE**
84 City: **Merritt Island** FL 85 Zip Code: **32952**

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: *Carol A. Conlon* DATE: **4-22-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST <input checked="" type="checkbox"/> DELETE	NAME: CONLON, RAYMOND E.	1.1 TITLE: PST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 35 COUNTRY CLUB ROAD	CITY-ST-ZIP: COCOA BEACH FL	1.2 NAME: CONLON, CAROL A.	
		1.3 STREET ADDRESS: 35 Country Club Rd.	
		1.4 CITY-ST-ZIP: Cocoa Beach, FL. 32931	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: CONLON, RAYMOND E.	2.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 35 COUNTRY CLUB ROAD	CITY-ST-ZIP: COCOA BEACH FL	2.2 NAME: CONLON, CAROL A.	
		2.3 STREET ADDRESS: 35 Country Club Rd.	
		2.4 CITY-ST-ZIP: Cocoa Beach, FL. 32931	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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: *Carol A. Conlon* DATE: **4-22-98** (407) 783-8880

CR2E034 (10/97)