

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J67340 (6)**

1. Corporation Name
DUNEDIN MOBILE MANOR HOMEOWNERS, INC.



Principal Place of Business: **130 PATRICIA AVE LOT 19 DUNEDIN FL 34698 US**
Mailing Address: **130 PATRICIA AVE LOT 19 DUNEDIN FL 34698 US**

3. Date Incorporated or Qualified: **04/15/1987**
3a. Date of Last Report: **05/18/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2801881**
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
**DAMONTE, JONATHAN JAMES
7800 113TH STREET NORTH
SUITE 206
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OERTLE, ROBERT W.	
STREET ADDRESS	130 PATRICIA AVE., #30	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KERNS, WILDA L	
STREET ADDRESS	130 PATRICIA AVE., #1	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COBLE, LUTHER J.	
STREET ADDRESS	130 PATRICIA AVE. #119	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BIE, GLORIA	
STREET ADDRESS	103 PATRICIA AVE., #23	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOND, ARTHUR K.	
STREET ADDRESS	130 PATRICIA AVE., #121	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORNELL, RAY	
STREET ADDRESS	130 PATRICIA AVE #20	
CITY-ST-ZIP	DUNEDIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THIEM, PAUL	
1.3 STREET ADDRESS	130 PATRICIA AVE., #109	
1.4 CITY-ST-ZIP	DUNEDIN FL 34698	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRET, DONALD J	
2.3 STREET ADDRESS	130 PATRICIA AVE., #24	
2.4 CITY-ST-ZIP	DUNEDIN FL 34698	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McQUATE, MARY	
3.3 STREET ADDRESS	130 PATRICIA AVE., #61	
3.4 CITY-ST-ZIP	DUNEDIN FL 34698	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAMS, ROBERT	
4.3 STREET ADDRESS	130 PATRICIA AVE., #16	
4.4 CITY-ST-ZIP	DUNEDIN FL 34698	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	REIMER, DONALD	
5.3 STREET ADDRESS	130 PATRICIA AVE., #47	
5.4 CITY-ST-ZIP	DUNEDIN FL 34698	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CONGLETON, BOB	
6.3 STREET ADDRESS	130 PATRICIA AVE., #11	
6.4 CITY-ST-ZIP	DUNEDIN FL 34698	

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: *Donald Secret*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 11, 1996** (813) 738-1512

CR2E034 (12/95)