

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

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J67340 (6)**  
 1. Corporation Name  
**DUNEDIN MOBILE MANOR HOMEOWNERS, INC.**



Principal Place of Business <b>130 PATRICIA AVE                  LOT 19                  DUNEDIN FL 34698                  US</b>	Mailing Address <b>130 PATRICIA AVE                  LOT 19                  DUNEDIN FL 34698-8107                  US</b>
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3. Date Incorporated or Qualified <b>04/15/1987</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-2801881</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**DAMONTE, JONATHAN JAMES**  
**7800 113TH STREET NORTH**  
**SUITE 206**  
**SEMINOLE FL 34842**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 *Gloria Bie* TREASURER *April 16 1997*  
Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THIEM, PAUL	
STREET ADDRESS	130 PATRICIA AVE., #30	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	SAD	<input checked="" type="checkbox"/> DELETE
NAME	SECRET, DONALD J	
STREET ADDRESS	130 PATRICIA AVE., #1	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCQUATE, MARY	
STREET ADDRESS	130 PATRICIA AVE. #119	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	103 PATRICIA AVE., #23	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	REIMER, DONALD	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SECRET, DONALD	
1.3 STREET ADDRESS	130 Patricia Ave #24	
1.4 CITY-ST-ZIP	Dunedin, FL 34698	
2.1 TITLE	SAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCQUATE, MARY	
2.3 STREET ADDRESS	130 PATRICIA AVE #61	
2.4 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BIE, GLORIA	
3.3 STREET ADDRESS	130 Patricia Ave #23	
3.4 CITY-ST-ZIP	Dunedin, FL 34698	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KINSLEY, ROBERT	
4.3 STREET ADDRESS	130 PATRICIA Ave #63	
4.4 CITY-ST-ZIP	Dunedin, FL 34698	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CARMICHAEL, DICK	
5.3 STREET ADDRESS	130 Patricia Ave #113	
5.4 CITY-ST-ZIP	Dunedin, FL 34698	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARTON, ALBERT	
6.3 STREET ADDRESS	130 Patricia Ave #91	
6.4 CITY-ST-ZIP	Dunedin, FL 34698	

14. I do 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: *Gloria Bie* TREASURER *April 16 1997*

CR2E034 (9/96)