


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90004 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J67340
 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/15/1987	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WARD, ROY
 130 PATRICIA AVE
 DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

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

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SECRET, DONALD
STREET ADDRESS	130 PATRICIA AVE #24
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	SAD <input type="checkbox"/> DELETE
NAME	MCQUATE, MARY
STREET ADDRESS	130 PATRICIA AVE., 61
CITY-ST-ZIP	DUNEDIN FL
TITLE	T <input type="checkbox"/> DELETE
NAME	URELLO, CHARLES
STREET ADDRESS	130 PATRICIA AVE #5
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	VPD <input type="checkbox"/> DELETE
NAME	KINSLEY, ROBERT
STREET ADDRESS	130 PATRICIA AVE, 63
CITY-ST-ZIP	DUNEDIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARMICHAEL, DICK
STREET ADDRESS	130 PATRICIA AVE., #113
CITY-ST-ZIP	DUNEDIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GALLERANI, PETER
STREET ADDRESS	130 PATRICIA AVE #69
CITY-ST-ZIP	DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Albert Barton
1.3 STREET ADDRESS	130 Patricia Ave #91
1.4 CITY-ST-ZIP	Dunedin, FL 34698
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 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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald Secret Pres** **JAN 2, 1999** **738-1512**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)