


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90301 021 \*\*\*150.00

**DOCUMENT # J67340**

1. Entity Name  
**DUNEDIN MOBILE MANOR HOMEOWNERS, INC.**



Principal Place of Business      Mailing Address

**130 PATRICIA AVE**      **130 PATRICIA AVE**  
**LOT 19**      **LOT 19**  
**DUNEDIN, FL 34698 US**      **DUNEDIN, FL 34698 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01072004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**NOT APPLICABLE**      Not Applicable

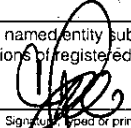
5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**MACK, RAYMOND P CPA**  
**2515 COUNTRYSIDE BLVD**  
**SUITE B**  
**CLEARWATER, FL 33763**

Name  
**APPELT NALL + ASSOCIATES - CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1811 NORTH BELCHER RD**  
**SUITE 12**  
 City  
**CLEARWATER**      FL      Zip Code  
**33765**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:       DATE: **4/26/04**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete WILKES, RUTH 130 PATRICIA AVE #85 DUNEDIN, FL 34698	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input checked="" type="checkbox"/> Delete O'GARA, TERESA 130 PATRICIA AVE #58 DUNEDIN, FL 34698	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS FEENEY 130 PATRICIA AVE #54 DUNEDIN, FL 34698
TITLE T	<input type="checkbox"/> Delete LEONE, GEORGE P 130 PATRICIA AVENUE #23 DUNEDIN, FL 34698	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input checked="" type="checkbox"/> Delete DALTON, MICHAEL 130 PATRICIA AVE #97 DUNEDIN, FL 34698	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MERLE WELING 130 PATRICIA AVE #120 DUNEDIN, FL 34698
TITLE D	<input checked="" type="checkbox"/> Delete WILLIAMS, MARY LOU 130 PATRICIA AVENUE #104 DUNEDIN, FL 34698	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT JAMES 130 PATRICIA AVE #37 DUNEDIN, FL 34698
TITLE D	<input type="checkbox"/> Delete FOSTER, G 130 PATRICIA AVE #110 DUNEDIN, FL 34698	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       DATE: **4/9/04**      722-733-6967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #