


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90330 048 \*\*\*150.00

**DOCUMENT # J67340**  
 1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**APPELT NALL & ASSOCIATE, CPA**  
**1811 N BLECHER RD.**  
**STE. 12**  
**CLEARWATER FL 33765**

7. Name and Address of New Registered Agent  
 Name **Marvel VanNorman**  
 Street Address (P.O. Box Number is Not Acceptable) **130 Patricia Ave #62**  
 City **Dunedin** FL **34698**

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 *Marvel VanNorman* DATE **4-15-2005**

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILKES, RUTH	
STREET ADDRESS	130 PATRICIA AVE #85	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEEKERRY, THOMAS	
STREET ADDRESS	130 PATRICIA AVE., #54	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEONE, GEORGE P	
STREET ADDRESS	130 PATRICIA AVENUE #23	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WELLING, MERLE	
STREET ADDRESS	130 PATRICIA AVE., #120	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANES, ROBERT	
STREET ADDRESS	130 PATRICIA AVE., #37	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, G	
STREET ADDRESS	130 PATRICIA AVE #110	
CITY-ST-ZIP	DUNEDIN FL 34698	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tollie Hollzclaw	
STREET ADDRESS	130 Patricia Ave #44	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvel VanNorman	
STREET ADDRESS	130 Patricia Ave #62	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Bice	
STREET ADDRESS	130 Patricia Ave #122	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Bice	
STREET ADDRESS	130 Patricia Ave #122	
CITY-ST-ZIP	Dunedin, FL 34698	

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: *Marvel VanNorman* Marvel VanNorman 4-15-2005 810 334 2743

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