

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K11038 (2)**

1. Corporation Name  
**NEW RANCH MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **2291 GULF-TO-BAY BLVD. #125 CLEARWATER FL 34625**  
Mailing Address: **2291 GULF-TO-BAY BLVD. #125 CLEARWATER FL 34625**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/07/1988**  
3a. Date of Last Report: **01/24/1995**  
4. FEI Number: **59-2982819**  
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: **COLLINS, ROBERT 2291 GULF-TO-BAY #125 CLEARWATER FL 34625**  
10. Name and Address of New Registered Agent (81-85): **Same**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COLLINS, ROBERT	11 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2291 GULF TO BAY BLVD., #125	CITY-STATE-ZIP: CLEARWATER FL	12 NAME:	Same
		13 STREET ADDRESS:	
TITLE: D	NAME: PICKLESIMER, MARION	14 CITY-STATE-ZIP:	21 TITLE:
STREET ADDRESS: 2291 GULF TO BAY, #121	CITY-STATE-ZIP: CLEARWATER FL		22 NAME:
			23 STREET ADDRESS:
TITLE: TD	NAME: EHRLICH, ROBERT E.	24 CITY-STATE-ZIP:	24 CITY-STATE-ZIP:
STREET ADDRESS: 2291 GULF TO BAY, #138	CITY-STATE-ZIP: CLEARWATER FL		32 NAME:
			33 STREET ADDRESS:
TITLE: SD	NAME: TRACEY, BETTY	34 CITY-STATE-ZIP:	41 TITLE:
STREET ADDRESS: 2291 GULF TO BAY BLVD., #107	CITY-STATE-ZIP: CLEARWATER FL		42 NAME:
			43 STREET ADDRESS:
TITLE: VD	NAME: TRACEY, JACK	44 CITY-STATE-ZIP:	44 CITY-STATE-ZIP:
STREET ADDRESS: 2291 GULF TO BAY BLVD., #107	CITY-STATE-ZIP: CLEARWATER FL		51 TITLE:
			52 NAME:
			53 STREET ADDRESS:
			54 CITY-STATE-ZIP:
			61 TITLE:
			62 NAME:
			63 STREET ADDRESS:
			64 CITY-STATE-ZIP:

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: *Robert E. Ehrlich* **ROBERT E. EHRLICH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARCH 15 1996 813-791-7796  
Digitized by...

CR2E034 (12/95)