

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002418

FILED
Aug 19, 2008
Secretary of State

Entity Name: FLORIDA MOBILE HOME PARK ASSOCIATION, INC.

Current Principal Place of Business:

8667 SEMINOLE BOULEVARD
LOT 48
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

8667 SEMINOLE BOULEVARD
LOT 48
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 20-4347654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARPENTER, DAVID
8667 SEMINOLE BOULEVARD
LOT 48
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARPENTER, DAVID
Address: 8667 SEMINOLE BOULEVARD LOT 48
City-St-Zip: SEMINOLE, FL 33772

Title: T () Delete
Name: GREER, CHARLOTTE
Address: 8667 SEMINOLE BOULEVARD LOT 48
City-St-Zip: SEMINOLE, FL 33772

Title: S () Delete
Name: HART, JEANNIE
Address: 8667 SEMINOLE BOULEVARD LOT 40
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: GREGORY, HUBERT
Address: 8667 SEMINOLE BOULEVARD LOT 39
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: SNOWDEN, RALPH
Address: 8667 SEMINOLE BOULEVARD LOT 6
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE GREER

T

08/19/2008

Electronic Signature of Signing Officer or Director

_____ Date