

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N41588** (7)  
1. Corporation Name  
**TOWN & COUNTRY MOBILE HOME OWNERS ASSN., INC.**



Principal Place of Business  
**410 TOWN & COUNTRY BLVD  
SEBRING FL 33872  
US**

Mailing Address  
**410 TOWN & COUNTRY BLVD  
SEBRING FL 33872  
US**

3. Date Incorporated or Qualified  
**01/04/1991**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-3087456**

Applied For  
☐ Not Applicable

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**WEIR, CHARLES R., JR.  
410 TOWN & COUNTRY BLVD  
SEBRING FL 33872**

10. Name and Address of New Registered Agent

81 Name  
**Eleanor Knopf**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **320 Town & Country Blvd.**

84 City  
**Sebring**

85 Zip Code  
**FL 33872**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Eleanor Knopf*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when running)

**Eleanor Knopf**

*March 26, 1996*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
PP	BYRUM, RICHARD	311 SPRINGTIME DRIVE	SEBRING FL	
PP Post Pres. PP	WEIR, CHARLES R JR.	410 TOWN & COUNTRY BLVD	SEBRING FL	<input checked="" type="checkbox"/> DELETE <i>Change</i>
ST	STONER, CAROLYN	600 TOWN & COUNTRY BLVD	SEBRING FL	<input checked="" type="checkbox"/> DELETE
T	MCMANUS, CLAUDIA	310 WOODBINE DR	SEBRING FL	<input checked="" type="checkbox"/> DELETE
T	MACE, BOB	912 TOWN & COUNTRY BLVD	SEBRING FL	<input type="checkbox"/> DELETE
VPD	ACHERLEY, DOUGLAS	710 TOWN & COUNTRY BLVD	SEBRING FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Pres.	Gene New	204 Cooper Rd.	Sebring, FL	
VP	Matt Hess	812 Town & Country Blvd.	Sebring, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secy	Eleanor Knopf	320 Town & Country Blvd.	Sebring, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Treas.	Nancy Stetler	808 Town & Country Blvd.	Sebring, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Trustee	Robert Mace	912 Town & Country Blvd.	Sebring, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Trustee	Harold Williams	212 Cooper Rd.	Sebring, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eleanor Knopf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 24, 1996 (941)*  
Date  
*382-9783*  
Daytime Phone

CR2E037 (12/95)