


FILE NOW: FILING FEE IS \$61.25

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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham § Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/04/1991	3a. Date of Last Report 03/29/1996
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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
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4. FEI Number 59-3087456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KNOPF, ELEANOR
320 TOWN & COUNTRY BLVD
SEBRING FL 33872**

10. Name and Address of New Registered Agent
81. Name **ANN PURDY**
82. Street Address (P.O. Box Number is Not Acceptable) **204 SPRINGTIME DR**
83.
84. City **SEBRING** FL 85. Zip Code **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 617.1503, Florida Statutes.
SIGNATURE *Ann Purdy* **ANN PURDY** DATE **Apr 13, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW, GENE	1.2 NAME	HAROLD WILLIAMS
STREET ADDRESS	204 COOPER ROAD	1.3 STREET ADDRESS	212 COOPER ROAD
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	SEBRING FL 33872
TITLE	PP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIR, CHARLES R JR.	2.2 NAME	ELMYRA HEARNS
STREET ADDRESS	410 TOWN & COUNTRY BLVD	2.3 STREET ADDRESS	808 WOODBINE AVE
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	SEBRING FL 33872
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STETLER, NANCY	3.2 NAME	ANN PURDY
STREET ADDRESS	808 TOWN AND COUNTRY BLVD	3.3 STREET ADDRESS	204 SPRINGTIME DR
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	SEBRING FL 33872
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACE, ROBERT	4.2 NAME	
STREET ADDRESS	912 TOWN & COUNTRY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACE, BOB	5.2 NAME	Arthur Dupree
STREET ADDRESS	912 TOWN & COUNTRY BLVD	5.3 STREET ADDRESS	212 WOODBINE DR
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	SEBRING FL 33872
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HAROLD	6.2 NAME	JACK EWOS
STREET ADDRESS	212 COOPER ROAD	6.3 STREET ADDRESS	304 WOODBINE DR
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP	SEBRING FL 33872

14. I do 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 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.

CR2E037 (9/96)