


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

4. FEI Number  
**59-3087456**

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**PRUDY, ANN**  
**204 SPRINGTIME DR**  
**SEBRING FL 33782**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

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 *Sandra B. Mortham* DATE **1-21-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE
NAME	WILLIAMS, HAROLD	1.2 NAME
STREET ADDRESS	212 COOPER RD	1.3 STREET ADDRESS
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP
TITLE	VP	2.1 TITLE
NAME	HEARNS, ELMYRA	2.2 NAME
STREET ADDRESS	208 WOODBINE AVE	2.3 STREET ADDRESS
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP
TITLE	T	3.1 TITLE
NAME	PURDY, ARTHUR	3.2 NAME
STREET ADDRESS	212 WOODBINE DR	3.3 STREET ADDRESS
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP
TITLE	T	4.1 TITLE
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	TR	5.1 TITLE
NAME	DUPREE, ARTHUR	5.2 NAME
STREET ADDRESS	212 WOODBINE DR	5.3 STREET ADDRESS
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP
TITLE	S	6.1 TITLE
NAME	ENDS, JACK	6.2 NAME
STREET ADDRESS	304 WOODBINE 33872	6.3 STREET ADDRESS
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELEANOR KNOPF	
1.3 STREET ADDRESS	520 TOWN & COUNTRY BLVD	
1.4 CITY-ST-ZIP	SEBRING FL 33872	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Margaret George	
2.3 STREET ADDRESS	2003 Springtime Dr.	
2.4 CITY-ST-ZIP	SEBRING FL 33872	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOROTHY FINE	
3.3 STREET ADDRESS	524 TOWN & COUNTRY BLVD	
3.4 CITY-ST-ZIP	SEBRING FL 33872	
4.1 TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Winfrey Henry	
4.3 STREET ADDRESS	300 Springtime Dr.	
4.4 CITY-ST-ZIP	SEBRING FL 33872	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Sandra B. Mortham* DATE: **1-21-98** TELEPHONE: **941 314 9223**  
Signature and typed or printed name of signing officer or director

CR2E037 (10/97)