


FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/04/1991	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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 *[Signature]* DATE **1-21-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President
NAME WILLIAMS, HAROLD		1.2 NAME ELEANOR KNOPF
STREET ADDRESS 212 COOPER RD		1.3 STREET ADDRESS 520 TOWN & COUNTRY BLVD
CITY-ST-ZIP SEBRING FL		1.4 CITY-ST-ZIP SEBRING FL 33872
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.P.
NAME HEARNS, ELMYRA		2.2 NAME Margaret George
STREET ADDRESS 208 WOODBINE AVE		2.3 STREET ADDRESS 2003 Springtime Dr.
CITY-ST-ZIP SEBRING FL		2.4 CITY-ST-ZIP SEBRING FL 33872
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer
NAME PURDY, ARTHUR		3.2 NAME DOROTHY FINE
STREET ADDRESS 212 WOODBINE DR		3.3 STREET ADDRESS 524 TOWN & COUNTRY BLVD
CITY-ST-ZIP SEBRING FL		3.4 CITY-ST-ZIP SEBRING FL 33872
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Trustee
NAME MACE, ROBERT		4.2 NAME Winfred Harvey
STREET ADDRESS 912 TOWN & COUNTRY BLVD		4.3 STREET ADDRESS 300 Springtime Dr.
CITY-ST-ZIP SEBRING FL		4.4 CITY-ST-ZIP SEBRING FL 33872
TITLE TR	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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

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: *[Signature]* DATE: **1-21-98** TELEPHONE: **941 314 9223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)