

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42160 (4)
 1. Corporation Name
FLORIDA MOBILE HOME PARK ASSOCIATION, INC.



Principal Place of Business 8667 SEMINOLE BLVD #22 SEMINOLE FL 34642	Mailing Address 8667 SEMINOLE BLVD #22 SEMINOLE FL 34642
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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. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 02/19/1991	3a. Date of Last Report 10/05/1995
		4. FEI Number 59-3071317	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 HALL, DELORES A 8667 SEMINOLE BLVD #22 SEMINOLE FL 34642				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 DeLores A. Hall DeLores A. Hall 4-19-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORRENTE, TONY			12 NAME	GEORGE BROOKS		
STREET ADDRESS	8667 SEMINOLE BLVD. #31			13 STREET ADDRESS	8667 SEMINOLE BLVD # 31		
CITY-ST-ZIP	SEMINOLE FL 34642			14 CITY-ST-ZIP	SEMINOLE, FL 34642		
TITLE	V	<input checked="" type="checkbox"/> DELETE		21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, GEORGE			22 NAME	LENA GUAY		
STREET ADDRESS	8667 SEMINOLE BLVD. #21			23 STREET ADDRESS	8667 SEMINOLE BLVD # 49		
CITY-ST-ZIP	SEMINOLE FL 34642			24 CITY-ST-ZIP	SEMINOLE FL 34642		
TITLE	S	<input checked="" type="checkbox"/> DELETE		31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARNISH, RUTH			32 NAME	JEAN PEPPER		
STREET ADDRESS	8667 SEMINOLE BLVD #46			33 STREET ADDRESS	8667 SEMINOLE BLVD #2		
CITY-ST-ZIP	SEMINOLE FL 34642			34 CITY-ST-ZIP	SEMINOLE FL 34642		
TITLE	T	<input type="checkbox"/> DELETE		41 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, DELORES			42 NAME	DELORES HALL		
STREET ADDRESS	8667 SEMINOLE BLVD #22			43 STREET ADDRESS	8667 SEMINOLE BLVD #22		
CITY-ST-ZIP	SEMINOLE FL 34642			44 CITY-ST-ZIP	SEMINOLE, FL 34642		
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISNER, KEN			52 NAME	SAME		
STREET ADDRESS	8667 SEMINOLE BLVD. #45			53 STREET ADDRESS	SAME		
CITY-ST-ZIP	SEMINOLE FL			54 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, WILLIAM			62 NAME	SAME		
STREET ADDRESS	8667 SEMINOLE BLVD. #22			63 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			64 CITY-ST-ZIP			

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: DeLores A. Hall 4-19-96 384-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)