

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		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 <b>8667 SEMINOLE BLVD #22 SEMINOLE FL 34642</b>	Mailing Address <b>8667 SEMINOLE BLVD #22 SEMINOLE FL 34642</b>
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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	3. Date Incorporated or Qualified <b>02/19/1991</b>	3a. Date of Last Report <b>10/05/1995</b>
		4. FEI Number <b>59-3071317</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		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 <b>HALL, DELORES A 8667 SEMINOLE BLVD #22 SEMINOLE FL 34642</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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	<b>P</b>	<input checked="" type="checkbox"/> DELETE		11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORRENTE, TONY</b>			12 NAME	<b>GEORGE BROOKS</b>		
STREET ADDRESS	<b>8667 SEMINOLE BLVD. #31</b>			13 STREET ADDRESS	<b>8667 SEMINOLE BLVD # 31</b>		
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>			14 CITY-ST-ZIP	<b>SEMINOLE, FL 34642</b>		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE		21 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROOKS, GEORGE</b>			22 NAME	<b>LENA GUAY</b>		
STREET ADDRESS	<b>8667 SEMINOLE BLVD. #21</b>			23 STREET ADDRESS	<b>8667 SEMINOLE BLVD # 49</b>		
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>			24 CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		31 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARNISH, RUTH</b>			32 NAME	<b>JEAN PEPPER</b>		
STREET ADDRESS	<b>8667 SEMINOLE BLVD #46</b>			33 STREET ADDRESS	<b>8667 SEMINOLE BLVD #2</b>		
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>			34 CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		41 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HALL, DELORES</b>			42 NAME	<b>DELORES HALL</b>		
STREET ADDRESS	<b>8667 SEMINOLE BLVD #22</b>			43 STREET ADDRESS	<b>8667 SEMINOLE BLVD #22</b>		
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>			44 CITY-ST-ZIP	<b>SEMINOLE, FL 34642</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEISNER, KEN</b>			52 NAME	<b>SAME</b>		
STREET ADDRESS	<b>8667 SEMINOLE BLVD. #45</b>			53 STREET ADDRESS			
CITY-ST-ZIP	<b>SEMINOLE FL</b>			54 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HALL, WILLIAM</b>			62 NAME	<b>SAME</b>		
STREET ADDRESS	<b>8667 SEMINOLE BLVD. #22</b>			63 STREET ADDRESS			
CITY-ST-ZIP	<b>SEMINOLE FL</b>			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)