

FILE NOW: FILING FEE IS \$61.25

FILED

**May 05 1997 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N42160 (4)
1. Corporation Name
FLORIDA MOBILE HOME PARK ASSOCIATION, INC.



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|--|---|
| Principal Place of Business 8667 SEMINOLE BLVD #22 SEMINOLE FL 34642 | Mailing Address 8667 SEMINOLE BLVD #22 SEMINOLE FL 33772-3805 |
|--|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 02/18/1991 | 3a. Date of Last Report 04/24/1996 |
| 4. FEI Number 59-3071317 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$6.75 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 checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip Country | 2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip Country |
|---|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|--------------------------------|--------------------------|
| TITLE | P | <input type="checkbox"/> |
| NAME | BROOKS, GEORGE | |
| STREET ADDRESS | 8557 SEMINOLE BLVD, #21 | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | GUAY, LENA | |
| STREET ADDRESS | 8667 SEMINOLE BLVD, #49 | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | S | <input type="checkbox"/> |
| NAME | PEPPER, JEAN | |
| STREET ADDRESS | 8667 SEMINOLE BLVD, #2 | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | T | <input type="checkbox"/> |
| NAME | HALL, DELORES | |
| STREET ADDRESS | 8667 SEMINOLE BLVD #22 | |
| CITY-ST-ZIP | SEMINOLE FL 34642 | |
| TITLE | D | <input type="checkbox"/> |
| NAME | WEISNER, KEN | |
| STREET ADDRESS | 8667 SEMINOLE BLVD. #45 | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | HALL, WILLIAM | |
| STREET ADDRESS | 8667 SEMINOLE BLVD. #22 | |
| CITY-ST-ZIP | SEMINOLE FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | DATE |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 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 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.

SIGNATURE: DeLores A. Hall Date: 4/24/97 Daytime Phone # 384-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (9/96)