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May 11 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 # 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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3. Date Incorporated or Qualified 02/19/1991	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" 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	

2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 25
Zip 29	Country 30

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	85 Zip Code FL

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* *Jean. DeLores A. Hall* **4/23/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LENA QUAY	
1.3 STREET ADDRESS	8667 SEMINOLE BLVD #49	
1.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ERNEST HARRIS	
2.3 STREET ADDRESS	8667 SEMINOLE BLVD #10	
2.4 CITY-ST-ZIP	SEMINOLE FL 33772	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALBERTA WEISNER	
3.3 STREET ADDRESS	8667 SEMINOLE BLVD #45	
3.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS	800002523914	
5.4 CITY-ST-ZIP	-05/14/98--01098--024	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME	
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: *DeLores A. Hall* **4/23/98**

CR2E037 (10/97)