


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N43118 1. Entity Name CONNER'S MOBILE OWNERS ASSOCIATION, INC.					
Principal Place of Business 2701 34ST. N.LOT 313 ST PETERSBURG FL 33713 US			Mailing Address 2701 34ST. N.LOT 313 ST PETERSBURG FL 33713 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TANGUAY, LOUISETTE M 2701 34ST. N.LOT 313 ST PETERSBURG FL 33713				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TANGUAY, LOUISETTE 2701 34TH STREET N. LOT 313 SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000038747 02/06/04-80148-023 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUGRE, RONALD 2701-34TH ST N LOT #420 SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAREST, DORIS 2701 - 34TH STREET N. LOT 524 SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOULAIS, PAUL 2701-34TH ST N LOT #306 SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACLEOD, RICH 2701 - 34TH STREET N. LOT 135 SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGNE, GASTON 2701 - 34TH STREET NORTH LOT 405 SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



MOORE CR2E037 (11/03)

4. FEI Number **59-3055341** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *James M. Targa* *L. MARTEL TANGUAY* *Jan 29* *727 327-0921*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #