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FILED
Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000862 (4)

1. Corporation Name
SOUTHEAST AREA MOTOR HOME ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2180 62ND ST N<br>CLEARWATER FL 34620 | 1530 W. DAUGHTERY RD.<br>LAKELAND FL 33810-3229 |

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business
21: 1530 W. DAUGHTERY RD
22: Suite, Apt. #, etc.
23: City & State: LAKELAND, FL
24: Zip: 33810-3229
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3155764 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MALLOY, PAT
~~2180 62ND ST N~~
1530 W. DAUGHTERY ROAD
LAKELAND FL 33809

**10. Name and Address of New Registered Agent**

81 Name: MALLOY, PAT
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1530 W. DAUGHTERY RD
84 City: LAKELAND **FL** 85 Zip Code: 33810

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: Pat Malloy
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 | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MALLOY, PAT | | 1.2 NAME | | |
| STREET ADDRESS | 1530 DAUGHTERY ROAD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRABAND, WALTER | | 2.2 NAME | | |
| STREET ADDRESS | 11100 86TH AVE N APT 106 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE FL 34642 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MALONEY, RON | | 3.2 NAME | MICHAUD, BRUCE | |
| STREET ADDRESS | 3068 E. DORCHESTER DRIVE | | 3.3 STREET ADDRESS | 53 SHARON BLVD. | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | | 3.4 CITY-ST-ZIP | LANTANA, FL 33462 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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:** Pat Malloy 1/3/97 941-858-8757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053027