

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90100 010 ****61.25

DOCUMENT # N95000001188

1. Corporation Name

PALM HAVEN MOBILE HOME OWNERS ASSOCIATION INC.

Principal Place of Business

3301 58TH AVE. NORTH
ST. PETERSBURG FL 33714

Mailing Address

3301 58TH AVE. NORTH
ST. PETERSBURG FL 33714



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

3. Date Incorporated or Qualified

03/10/1995

4. FEI Number

59-3306975

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

9. Name and Address of Current Registered Agent

MOUND, L
3301 59TH AVE N
455
ST PETE FL 33714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 Zip Code

FL

85

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 LAWRENCE A. MOUND
Signature, typed or printed name of registered agent and title if applicable.

Lawrence A. Mound Jr.
(NOTE: Registered Agent signature required when reinstating)

3-17-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOUND, L
STREET ADDRESS 3301-58TH AVE., NORTH, #205
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE VPD
NAME KNOTT, W
STREET ADDRESS 3301 58TH AVENUE NORTH, #313
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~SD~~
NAME TURNER, AA
STREET ADDRESS 3301-58TH AVE., #139
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE TD
NAME CALNOR, JOHN
STREET ADDRESS 3301-58TH AVE. #355
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE VD
NAME BOLES, GERALD
STREET ADDRESS 3301-58TH AVE. NORTH, #237
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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, with all other like empowered.

SIGNATURE: Lawrence A. Mound Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99 (727) 527-1523
Date Daytime Phone #

—CR2E037 (1/198)