

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J63607 (2)

1. Corporation Name

MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

6741 S. TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

6741 S. TAMiami TRAIL
SARASOTA FL 34231

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

STEPHEN H. KURVIN, ESQ.
7 SOUTH LIME AVENUE
SARASOTA FL 34237

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/25/1987

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2798064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of new registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PRIB, LOUISE
2093 GLENWOOD DR.
SARASOTA FL

D ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
O'BRIEN, GEORGE
2074 DETROITER ST.
SARASOTA FL

S ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
HODGSON, JOHN
2107 TROTWOOD DR
SARASOTA FL

D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SHINDORF, RAY
2044 S. MOBILE EST. DR.
SARASOTA FL

D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SCHULTE, ALOYSIUS
2045 CHAMPION ST.
SARASOTA FL

D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
CEELY, MARION
2042 CHAMPION ST.
SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
President
Rosemary Piepenbrink
2102 Glenwood Dr.
Sarasota FL 34231
V.P.

☐ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP
Dante Battista
2098 Glenwood Dr
Sarasota FL 34231

☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP
Herman LaRue
2045 Trotwood Dr
Sarasota FL 34231

☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP
Ann Pellerin
2062 Champion
Sarasota FL 34231

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
Don Burgess
2080 Trotwood Dr.
Sarasota FL 34231

☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

DATE

Typed Name

4-3-96 941-234-3800

CR2E034 (12/95)