

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90138 007 \*\*\*150.00

DOCUMENT # J63607

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1987

4. FEI Number

59-2798064

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	PRIB, LOUISE	2093 GLENWOOD DR.	SARASOTA FL	<input type="checkbox"/>
D	BURGESS, DON	2080 TROTWOOD DR.	SARASOTA FL	<input type="checkbox"/>
D	HERMAN LARUE	2095 TROTWOOD DR	SARASOTA FL	<input checked="" type="checkbox"/>
D	ANN PELLERIN	2062 CHAMPION	SARASOTA FL	<input type="checkbox"/>
T	HOCHMUTH, FRANCIS	2081 DETROITER ST	SARASOTA FL	<input type="checkbox"/>
S	LEDoux, JACK	2063 N MOBILE ESTATES DR	SARASOTA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	CHANGE	ADDITION
D	Dante Battista	2098 Glenwood Dr	Sarasota FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Gordon Burton	2043 N. Mobile Estates Dr	Sarasota FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	John Hodgson	2107 Trotwood Dr.	Sarasota FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Maudie Mac Pherson	2049 Champion St.	Sarasota FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	George O'Brien	2074 Detrouiter St.	Sarasota FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Rose Piepenbrink	2102 Glenwood Dr.	Sarasota FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99.

Date

941-924-3800

Daytime Phone #

CR2E034 (1/98)