


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90439 029 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # J63607 1. Entity 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 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent STEPHEN H. KURVIN, ESQ. 7 SOUTH LIME AVENUE SARASOTA, FL 34237 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 obligations of registered agent. | | | | 4. FEI Number 59-2798064 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PRIB, LOUISE 2093 GLENWOOD DR. SARASOTA, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Mary Lou Dolanch 2074 Detroit St. Sarasota, FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BURTON, GORDON 2043 N MOBILE ESTATES DR SARASOTA, FL 34231 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Betty Caynor 2097 Glenwood Dr Sarasota, FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HODGSON, JOHN 2107 TROTWOOD DR. SARASOTA, FL 34231 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gerald Burpee 2072 N. Mobile Est Dr Sarasota FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WESTON, MARJORIE 2077 DETROITER STREET SARASOTA, FL 34231 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Crit Barnes 2134 Trotwood Dr Sarasota FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALLAHAN, RITCHIE 2074 N MOBILE ESTATES DRIVE SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Frances Sefcik 2047 N. Mobile Est Dr Sarasota FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURPEE, ALBERT 2090 DETROITER ST SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Bob Sheely 2080 S. Mobile Est Dr Sarasota FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. 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 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 607, 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: <u>Louise E. Prib</u> - LOUISE E. PRIB 4/23/04 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # | | | | | |

94065172



04232004 Chg-P CR2E034(10/03)

