

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63607

FILED
Apr 17, 2009
Secretary of State

Entity Name: MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6741 S. TAMIAMI TRAIL
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

6741 S. TAMIAMI TRAIL
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-2798064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRIB, LOUISE
Address: 2093 GLENWOOD DR.
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: BURTON, GORDON
Address: 2043 N NOBILE ESTATES DR
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: BARNES, CRIT
Address: 2134 TROTWOOD DR
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: WESTON, MARJORIE
Address: 2077 DETROITER STREET
City-St-Zip: SARASOTA, FL 34231

Title: T () Delete
Name: THOMAS, WILL
Address: 2037 DETROITER ST
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: WESTON, MARJORIE
Address: 2977 DETROITER ST
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KOUKAL, BILL
Address: 2118 GLENWOOD DR.
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE E. PRIB

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date