

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J63607

**Entity Name:** MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6741 S. TAMIAMI TRAIL  
SARASOTA, FL 34231**Current Mailing Address:**6741 S. TAMIAMI TRAIL  
SARASOTA, FL 34231**FEI Number: 59-2798064****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEPHEN H. KURVIN, ESQ.  
7 SOUTH LIME AVENUE  
SARASOTA, FL 34237 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	SHEELY, BOB
Address	2080 S. MOBILE ESTATES DR.
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	ATHERTON, NORMA
Address	6749 PEERLESS WAY
City-State-Zip:	SARASOTA FL 34231

Title	SECRETARY
Name	KOUKAL, BILL
Address	2118 GLENWOOD DR.
City-State-Zip:	SARASOTA FL 34231

Title	TREASURER
Name	TREPANIER, MONA
Address	2061 CHAMPION ST.
City-State-Zip:	SARASOTA FL 34231

Title	VP
Name	LEEMAN, DAVID
Address	2030 DETROITER ST
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	MACPHERSON, MARY
Address	2054 CHAMPION STREET
City-State-Zip:	SARASOTA FL 34231

Title	PRESIDENT
Name	NORTON, GEORGE
Address	2075 CHAMPION ST.
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	SQUIRES, PHIL
Address	2040 S. MOBILE ESTATES DR.
City-State-Zip:	SARASOTA FL 34231

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: BILL KOUKAL****SECRETARY****04/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STANKIEWICZ, MARYANN  
Address 2103 TROTWOOD DR.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name STEWARD, JOHN  
Address 2052 S. MOBILE ESTATES DR.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name BRIGMAN, ELAINE DR.  
Address 2022 SUN HOME STREET  
City-State-Zip: SARASOTA FL 34231