#### 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63607

Entity Name: MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED Apr 10, 2019 Secretary of State 1571502138CC

## **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:

WELLS, KEVIN T ESQ. 1800 SECOND ST. STE 808 SARASOTA, FL 34236 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: KEVIN T. WELLS, ESQ. 04/10/2019

City-State-Zip:

SARASOTA FL 34231

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title VP OF REAL ESTATE Title PRESIDENT

Name TRIMPE, JULIE Name STANKIEWICZ, MARYANN

Address 2831 RINGLING BLVD, BLDG B Address 2103 TROTWOOD DR

SUITE 203D b: SARASOTA FL 34237

Title DIRECTOR

Title DIRECTOR

Name HAEDICKE, JURGEN

Address 2070 SUN HOME STREET

Name ANKROM, ERNIE

Address 2065 DETROITER ST.

City-State-Zip: SARASOTA FL 34231

Title VP

Name MATSON, MARA
Name SOLICE, DIANNE .

Address 2044 CHAMPION Address 2104 TROTWOOD ST.

City-State-Zip: SARASOTA FL 34231

City-State-Zip: SARASOTA FL 34231

Title DIRECTOR

Name TYLER, GREGG

Name BLANCHARD, JANE Address 2040 CHAMPION

Address 2048 SUN HOME

City-State-Zip: SARASOTA FL 34231

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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: DIANNE SOLICE PROPERTY MANAGER 04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameGIFFORD, SCOTTNameMATTHEWS, JEFFREYAddress2035 CHAMPION ST.Address2118 GLENWOOD ST.

City-State-Zip: SARASOTA FL 34231-4808 City-State-Zip: SARASOTA FL 34231-4808