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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 248789 1. Corporation Name

NEW ENGLAND TRAILER PARK, INC.

,														
Principal Place	of Business	Mailing Address						1 1001	it time			5.5 5.5 5		1, 0,01, ,00,
GREENFIELD VILLAGE 3371 HARBOR BEACH DR														
1015 S.R. 542 V					DO NOT WRITE IN					S SDACE				
DUNDEE FL 33838 US						F	Date Incorporated or Qualifed					3 SFAUL		
							(06/01/1	1961	or Qualifec			r	
2. Principal Pl	ace of Business	2a. Mailing Address						FEI Numb				\Box		lied For
21		26					;	<u>59-093:</u>	<u> 3860</u>					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. (Certifcate	of Status	Desired			5 Ad e Requ	lditional uired
City & State	3	City & State					6. E	Election (Campaign	Financing	- n	\$5.	00 M	1ay Be
23		28					1	Frust Fun	d Contrib	ution	<u> </u>	Add	ted to	Fees
Zip	Country	Zip	Coun	itry			8.	This corp	oration ov	ves the cui	rrent year Ir			
24	25	29	30						Property			☐ Yes		∑ No
,	9. Name and Address of Curren	t Registered Agent					10. [Name an	d Addres	s of New	Registered	l Agent		
L MAC	OOK HADOLD		['	81 N	lame	W		ock	11/2	ω 14				1
	OCK, HAROLD		F	82 S	Street A	ddres:	$\frac{\mathbf{y}_{\mathrm{P}}}{\mathbf{y}_{\mathrm{P}}}$	D. Box N	umber is	Not Accep	table)	1		
	S. JEFFERSON AVE		[_		9		آگاً	11 31	<i>iffi</i> r	S K	<u> </u>		
LAKE	PLACID FL 33852			83										
					City	1=-1	 		eade		F	- i lu	Zip Co	
Diffice or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by the	amed o	orpora ration:	ation s boa	submits t and of dire	this stater actors. I h	nent for the ereby acce	e purpose o	of changing ointment a	g its re is regi	egistered stered
SIGNATURE	II Idillingi wivi, and doops no sange	10/13 Oi, 00000. 11.11111,	01.00							•				
SIGNATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	TE: Registered A	Agent sig	jnature re	quired w					DATE			
12.		ID DIRECTORS	13.		—		Α	DDITION	S/CHANG	SES TO U	FFICERS A			
TITLE	PD	☐ DELETE	1.1 TITL	E								☐ Chai	nge	Addition
NAME	WYSOCK,HAROLD		1 2 NAM	NE										
STREET ADDRESS	165 S JEFFERSON AVE		1.3 STF	REET ADI	DRESS									
CITY-ST-ZIP	LAKE PLACID FL 33852	<u> </u>	14 CIT	Y-ST-ZIF	P									
TITLE	SDT	☐ DELETE	2.1 TITL	LE								Chai	nge	☐ Addition
NAME	BOSSARTE, CHERYL W.		2.2 NAM	VE	Į				-					
STREET ADDRESS	3371 HARBOR BEACH DR		2.3 STF	REETADO	ORESS									
CITY-ST-ZIP	LAKE WALES FL 33853	_	2. 4 CIT	TY-ST-ZI	IP					- :	-			
TITLE		☐ DELETE	3.1 TITL	LE								Cha	nge	Addition
NAME			3.2 NA	МE										
STREET ADDRESS			3.3 STF	REET AD(ORESS									
CITY-ST-ZIP			3.4. CIT	TY-ST-Z)P			•						
TITLE		☐ DELETE	4.1 TiTL	LE						•		☐ Cha	nge	☐ Addition
NAME			4, 2 NA	MЕ										
STREET ADDRESS			4.3 STF	REET ADI	DRESS									
CITY-ST-ZIP			4,4 CIT	Y-\$T-ZI	,P									
TITLE		☐ DELETE	5.1 TITL		\neg		•					☐ Cha	nge	☐ Addition
NAME			5.2 NAM	ME										- '
STREET ADDRESS			5.3 STF	REETADI	DRESS									
CITY-ST-ZIP			5.4 CIT	Y-ST-ZII	P									
TITLE		☐ DELETE	6.1 TITL	LΕ	\neg						-	Cha	nge	Addition
NAME	 		6.2 NAM	ME										
expect Apppene	1		6.3 STF	REET ADI	DRESS					•		•		

64 CITY-ST-ZIP 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.