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Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **466330** **(8)**

1. Corporation Name
COLONY PARK MOBILE HOME VILLAGE, INC.

Principal Place of Business	Mailing Address
32 MANGROVE DRIVE MERRITT ISLAND FL 32953	32 MANGROVE DRIVE MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6720 Mangrove DR. Suite, Apt. #, etc. 22 City & State 23 Merritt Island, FL Zip 24 32953 Country 25	2a. Mailing Address 26 6720 Mangrove DR Suite, Apt. #, etc. 27 City & State 28 Merritt Island, FL Zip 29 32953 Country 30

3. Date Incorporated or Qualified
12/18/1974

4. FEI Number
59-1809406
☐ Applied For
☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARREN, ROBERT J
703 N. MAIN STREET
STE. C
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Robert S. Warren Robert S. WARREN 1/8/98 N/A
Signature required or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WARREN, LENORE 281 W. GRANDVIEW HEIGHTS BOONE NC 28607	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WARREN, ROBERT J 1447 NEWFOUNDLAND HARBOUR MERRITT ISLAND FL 32952	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition S William WARREN 1447 Newfound HARBOR DR. Merritt ISLAND FL 32952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KENDALL, CAROL 1435 NEWFOUND HARBOUR DR. MERRITT ISLAND FL 32952	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WARREN, ROBERT J 703 N. MAIN STREET GAINESVILLE FL 32601	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Lenore Warren 1/8/98 407-453-1400