

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90089 036 ****61.25

DOCUMENT # 732041

1. Entity Name

**FORT DADE MOBILE HOME PARK IMPROVEMENT
ASSOCIATION, INC.**



Principal Place of Business

**ROUTE 1, HIGHWAY 301
DADE CITY FL 33523**

Mailing Address

**C/O LOWELL RICHARDSON
34979 FRASER ST
DADE CITY FL 33523**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1328570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDSON, LOWELL
34979 FRASER ST.
DADE CITY FL 33523**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STRIKE, MARVIN 34987 ROMAN ST. DADE CITY FL 33523	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RANSOM, PEGGY 35885 FRASER STREET DADE CITY FL 33523	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHETENHELM, ROSE 3980 BASSINGER ST DADE CITY FL 33523	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDSON, LOWELL 34979 FRASER STREET DADE CITY FL 33523	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLEGGENKUHLE, ROGER 34984 FRASER ST DADE CITY FL 33523	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Ransom, Peggy 35005 Fraser Street Dade City, Fl. 33523	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Boeckman, 'Butch' 35010 Roman St. Dade City, Fl. 33523	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Whalen, Shirley 34992 Fraser St. Dade City, Fl. 33523	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Richardson, Lowell 34979 Fraser St. Dade City, Fl. 33523	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Strike, Marvin 34987 Roman St. Dade City Fl. 33523	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Vermeulen, Ronald 34998 Hawkiowa Rd. Dade City, Fl. 33523	☐ Change ☒ Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peggy E. Ransom* **Peggy E. Ransom** **3/16/04** **352-583-5047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #