

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90037 043 ****70.00

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**

40004670



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

52-1328570

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **P** ☐ Delete
NAME **STRIKE, MARVIN**
STREET ADDRESS **34987 ROMAR ST.**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **VD** ☐ Delete
NAME **BOECKMAN, BUTCH**
STREET ADDRESS **35010 ROMAR ST.**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **SD** ☐ Delete
NAME **WHALEN, SHIRLEY**
STREET ADDRESS **34992 FRASER ST.**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☐ Delete
NAME **RICHARDSON, LOWELL**
STREET ADDRESS **34979 FRASER STREET**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☐ Delete
NAME **STRIKE, MARVIN**
STREET ADDRESS **34987 ROMAR ST.**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☐ Delete
NAME **VERMEULEN, RONALD**
STREET ADDRESS **34998 HAWKIOWE RD.**
CITY-ST-ZIP **DADE CITY, FL 33523**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **RANSOM, PEGGY**
STREET ADDRESS **35005 FRASER ST.**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 RANSOM

Jan. 20, 2005

Date

Daytime Phone #