2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 732041

1. Entity Name
FORT DADE MOBILE HOME PARK IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROUTE 1, HIGHWAY 301 DADE CITY, FL 33523	C/O SHIRLEY WHALEN 34992 FRASER ST DADE CITY, FL 33523

DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2E037 (4/06)

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

WHALEN, SHIRLEY
34992 FRASER ST.
DADE CITY, FL 33523

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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.

U00000578846
01/09/07-80045-018 61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOORE, DAVID B
STREET ADDRESS	34896 HAWK IOWA RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	VD
NAME	WEGNER, GARY
STREET ADDRESS	34927 ROMAR ST
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	TD
NAME	WHALEN, SHIRLEY
STREET ADDRESS	34992 FRASER ST.
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	SD
NAME	TALBERT, LOLA Y
STREET ADDRESS	34896 ROMAR ST
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D
NAME	MOODY, BRENDA
STREET ADDRESS	34984 FRASER ST
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D
NAME	WHALEN, WILLIS B
STREET ADDRESS	34992 FRASER ST
CITY-ST-ZIP	DADE CITY, FL 33523

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Shirley Whalen - SHIRLEY WHALEN Treasurer 1/4/07 352-583-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #