


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90092 045 ****61.25

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|--|---|--|---|---|--|
| 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 SHIRLEY WHALEN 34992 FRASER ST DADE CITY, FL 33523 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 52-1328570 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WHALEN, SHIRLEY 34992 FRASER ST. DADE CITY, FL 33523 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 PP MOORE, DAVID B 34896 HAWK IOWA RD DADE CITY, FL 33523 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | BURNS, JANICE SD 3984 BASSINGER ST RIDGE MANOR, FL 33583 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VB P WEGNER, GARY 34927 ROMAR ST DADE CITY, FL 33523 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | FARRAR, HELEN VP 34990 HAWK IOWA RD RIDGE MANOR, FL 33583 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD WHALEN, SHIRLEY 34992 FRASER ST. DADE CITY, FL 33523 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | LERDAL, ROB D 34892 FRASER ST RIDGE MANOR, FL 33583 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD TALBERT, LOLA Y 34896 ROMAR ST DADE CITY, FL 33523 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="height: 40px;"></div> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MOODY, BRENDA 34984 FRASER ST DADE CITY, FL 33523 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="height: 40px;"></div> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WHALEN, WILLIS B 34992 FRASER ST DADE CITY, FL 33523 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="height: 40px;"></div> | |
| 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 1-7-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |