

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732041

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** FORT DADE MOBILE HOME PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

34961 MAJOR DADE DRIVE  
RIDGE MANOR, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SHIRLEY WHALEN  
34992 FRASER ST  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 52-1328570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HELEN, FARRAR  
Address: 34990 HAWK IOWA RD  
City-St-Zip: DADE CITY, FL 33523

Title: PP  
Name: WEGNER, GARY  
Address: 34927 ROMAR ST  
City-St-Zip: DADE CITY, FL 33523

Title: TD  
Name: WHALEN, SHIRLEY  
Address: 34992 FRASER ST.  
City-St-Zip: DADE CITY, FL 33523

Title: SD  
Name: MOODY, BRENDA  
Address: 34984 FRASER ST  
City-St-Zip: DADE CITY, FL 33523

Title: D  
Name: BURNS, JANICE  
Address: 3984 BASSINGER ST  
City-St-Zip: DADE CITY, FL 33523

Title: D  
Name: WHALEN, WILLIS B  
Address: 34992 FRASER ST  
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY WHALEN

TD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date