

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732041

FILED
Jan 20, 2011
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: ROBERT, TINIUS
Address: 34941 FRASER ST.
City-St-Zip: DADE CITY, FL 33523

Title: PP
Name: FARRAR, HELEN
Address: 34990 HAWKIOWA
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

TREA

01/20/2011

Electronic Signature of Signing Officer or Director

Date