FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:43

DOCUMENT # 732874 (3)

1. Corporation Name

PALMETTO MOBILE HOME PARK CIVIC ASSOCIATION OF C HARLOTTE HARBOR, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4135 KINGS HWY. SUITE 61 PORT CHARLOTTE FL 33980 US	4135 KINGS HWY SUITE 61 PORT CHARLOTTE FL 33980 US

3. Date Incorporated or Qualified: 05/29/1975
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0083453 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WHITE, WILLIAM H.
4135 KINGS HWY.
SUITE 61
PORT CHARLOTTE FL 33980

10. Name and Address of New Registered Agent

81 Name: JEAN C. LONG
82 Street Address (P.O. Box Number is Not Acceptable): 4135 King"s Hwy.
83: # 5
84 City: Pt. Charlotte FL 85 Zip Code: 33980

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jean C. Long — 3-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GILLAN, BILL	1.2 NAME	GRANCHE, ROBERT	
STREET ADDRESS	40 PALMETTO PARK - 4135 KINGS HIGHWAY	1.3 STREET ADDRESS	4135 Kings Hwy. # 11	
CITY-ST-ZIP	CHARLOTTE HA	1.4 CITY-ST-ZIP	Pt. Charlotte, F. 33980	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	SNODGRASS, CLARENCE	2.2 NAME		
STREET ADDRESS	4135 KINGS HWY., SUITE 69	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SCHUSTER, RUTH	3.2 NAME	JEAN C. LONG	
STREET ADDRESS	4135 KINGS HWY., SUITE 65	3.3 STREET ADDRESS	4135 Kings Hwy. # 5	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	Pt. Charlotte, Fl. 33980	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, WILLIAM H.	4.2 NAME		
STREET ADDRESS	4135 KINGS HWY., SUITE 61	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KORF, GLENN	5.2 NAME	GILLAN, BILL	
STREET ADDRESS	4135 KINGS HW #59	5.3 STREET ADDRESS	4135 Kings Hwy. # 40	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	Pt. Charlotte Fl. 33980	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GRANCHE, ROBERT	6.2 NAME	COWAN, JOE	
STREET ADDRESS	4135 KINGS HWY., SUITE 11	6.3 STREET ADDRESS	4135Kings Hwy. # 24	
CITY-ST-ZIP	PT. CHARLOTTE FL	6.4 CITY-ST-ZIP	Pt. Charlotte, Fl. 33980	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean C. Long — 3-15-95 — 813-764-7803
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #