

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732874 (3)

1. Corporation Name

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



Principal Place of Business

4135 KINGS HWY.
SUITE 61
PORT CHARLOTTE FL 33980
US

Mailing Address

4135 KINGS HWY
SUITE 61
PORT CHARLOTTE FL 33980
US

3. Date Incorporated or Qualified
05/29/1975

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, JEAN C
4135 KING'S HWY
SUITE 5
PORT CHARLOTTE FL 33980

81 Name

SAME LONG, JEAN C.

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jean C. Long

3-30-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS GRANCHE, ROBERT
CITY-ST-ZIP 4135 KINGS HWY. #11
PT CHARLOTTE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME VD
STREET ADDRESS SNODGRASS, CLARENCE
CITY-ST-ZIP 4135 KINGS HWY., SUITE 89
PORT CHARLOTTE FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME SD
STREET ADDRESS LONG, JEAN C
CITY-ST-ZIP 4135 KINGS HWY. #5
PORT CHARLOTTE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TD
STREET ADDRESS WHITE, WILLIAM H.
CITY-ST-ZIP 4135 KINGS HWY., SUITE 61
PORT CHARLOTTE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
STREET ADDRESS GILLAN, BILL
CITY-ST-ZIP 4135 KINGS HWY #40
PORT CHARLOTTE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
STREET ADDRESS COWAN, JOE
CITY-ST-ZIP 4135 KINGS HWY #24
PT. CHARLOTTE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 1191.07(3)(k), 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

3-30-96

941 764-7803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)