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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 732874

(3)

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

	12 Indiboth inc.					(8   8   <b>6</b>   1   <b>3   8</b>   <b>4   9   1   9   1</b>	
Principal Place o	of Business	Mailing Address			# 12011 10452 (11/0 11ED) 1011 (601) 21		
4135 KINGS HA	wy.	4135 KINGS HWY					
SUITE 61		SUITE 61 PORT CHARLOTTE FL 3	22000				
PORT CHARLO US	)11E FL 33980	US CHARLOTTE TE	33300		3. Date Incorporated or Qualified 05/29/1975	3a. Date of Last F 04/10/19	Report <b>95</b>
2. Principal Plac	ice of Business	2a. Mailing Address		····	4. FEI Number 65-0083453	<del></del>	pplied For lot Applicable
<u> </u>		26			00 0000100		Additional
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	T	lequired
2		City & State			6. Election Campaign Financing	\$5.00	May Be
City & State		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	у	8. This corporation has liability for in		199.032,
4	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		- I''	10. Name and Address of New Re	egistered Agent	
			8	1 Name	SAME LONG, JEAN C.		
LONG, JE	EAN C		8	2 Street Ac	dress (P.O. Box Number is Not Acceptable	e)	
	IG'S HWY		_	<del>_</del>			
SUITE 5			8	3		_	
PORT CH	KARLOTTE FL 33980		8	4 City		FL 85 Zip	Code
					The a desite this estatement for the pure	oose of changing its re	onistered offic
11. Pursuant to	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut ida. Such chance was authori:	es, the above zed by the co	e-named corp rporation's b	poration submits this statement for the purposed of directors. I hereby accept the appo	pintment as registered	agent. I am
Or register	th, and accent the obligations of Sec	ction 617.0503, Florida Statute:	s. ·	12 10	00 -0 -1	3-30-96	
familiar wit	(ii), dilla tiooops the obligations on any	7 1					
SIGNATI IDE	Jean C. Long	4	ean_	0//		DATE	
SIGNATURE _	Jean C. Long Signature, typed or printed name of registered ager	nt and little if applicable (N	ean_	0//	Lired when rendating  ANOTIONS/CHANGES TO OFF	DATE CERS AND DIRECTO	RS IN 12
SIGNATURE _	Jean C. Long Signature, typed or printed name of registered ager OFFICERS AN	nt and little if applicable (N)	CAV OTE Registered A	gent signaturi req	ired when renatating		RS IN 12
SIGNATURE _	Jean C. Long Signature, typed or printed name of registered ager OFFICERS AN	nt and little if applicable (N	OTE Registered A	gent signaturi eq	ired when renatating	CERS AND DIRECTO	
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SIGNATURE	Jean C. Long  Signature, typed or printed name of registered ager  OFFICERS AN  PD  GRANCHE, ROBERT  4135 KINGS HWY. #11	nt and little if applicable (N)	13. 1.1 T/TL 1.2 NAW 1.3 STR	gent s gnature eq	uired when rentating ANOTIONS/CHANGES TO OFFI	CERS AND DIRECTO	
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SIGNATURE:

JEAN C. LONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNY

ALAW A. T.

3-30-96

941 764-7803

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Daytime Phone #