

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

4135 KINGS HWY.  
SUITE 61  
PORT CHARLOTTE FL 33980  
US4135 KINGS HWY  
SUITE 61  
PORT CHARLOTTE FL 33980-8422  
US3. Date Incorporated or Qualified  
05/29/19753a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0083453

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

Jean C. Long

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

4135 King's Highway

83 Suite # 5

84 City

Port Charlotte, FL

85

Zip Code

33980

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME GRANCHE, ROBERT  
STREET ADDRESS 4135 KINGS HWY. #11  
CITY-ST-ZIP PT CHARLOTTE FL1.1 TITLE ☐ Change ☐ Addition

NAME GRANCHE, ROBERT

STREET ADDRESS 4135 KINGS HWY. #11

CITY-ST-ZIP PT CHARLOTTE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☒ DELETENAME CAIRNS, CATHERINE  
STREET ADDRESS 4135 KING'S HWY #83  
CITY-ST-ZIP PORT CHARLOTTE FL2.1 TITLE ☒ Change ☐ Addition

NAME CAIRNS, CATHERINE

STREET ADDRESS 4135 KING'S HWY #83

CITY-ST-ZIP PORT CHARLOTTE FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETENAME LONG, JEAN C  
STREET ADDRESS 4135 KINGS HWY. #5  
CITY-ST-ZIP PORT CHARLOTTE FL3.1 TITLE ☒ Change ☐ Addition

NAME LONG, JEAN C

STREET ADDRESS 4135 KINGS HWY. #5

CITY-ST-ZIP PORT CHARLOTTE FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TD ☒ DELETENAME WHITE, WILLIAM H.  
STREET ADDRESS 4135 KINGS HWY., SUITE 61  
CITY-ST-ZIP PORT CHARLOTTE FL4.1 TITLE ☐ Change ☐ Addition

NAME WHITE, WILLIAM H.

STREET ADDRESS 4135 KINGS HWY., SUITE 61

CITY-ST-ZIP PORT CHARLOTTE FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME GILLAN, BILL  
STREET ADDRESS 4135 KINGS HWY #40  
CITY-ST-ZIP PORT CHARLOTTE FL5.1 TITLE ☐ Change ☐ Addition

NAME GILLAN, BILL

STREET ADDRESS 4135 KINGS HWY #40

CITY-ST-ZIP PORT CHARLOTTE FL

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME COWAN, JOE  
STREET ADDRESS 4135 KINGS HWY #24  
CITY-ST-ZIP PT. CHARLOTTE FL6.1 TITLE ☐ Change ☐ Addition

NAME COWAN, JOE

STREET ADDRESS 4135 KINGS HWY #24

CITY-ST-ZIP PT. CHARLOTTE FL

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

2-7-1997

941 764-7803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0058186

CR2E037 (9/96)