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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732874

1. Corporation Name

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

Principal Place of Business

4135 KINGS HWY.
STE 5
PORT CHARLOTTE FL 33980
US

Mailing Address

4135 KINGS HWY
STE 5
PORT CHARLOTTE FL 33980
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/29/1975

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

9. Name and Address of Current Registered Agent

JEAN C. LONG
4135 KING'S HWY
SUITE 5
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 Highway
83 Lot # 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 JEAN C. LONG, PRES.

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

(NOTE: Registered Agent signature required when reinstating)

2-7-99

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VD
NAME CHRISTOPHER, GIL
STREET ADDRESS 4135 KINGS HIGHWAY #97
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE PD
NAME LONG, JEAN C
STREET ADDRESS 4135 KINGS HWY. #5
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE SD
NAME JEROR, AGNES A
STREET ADDRESS 4135 KINGS HIGHWAY #98
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE D
NAME HILL, DOLORES
STREET ADDRESS 4135 KINGS HIGHWAY #62
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE TD
NAME CULLEN, JANET
STREET ADDRESS 4135 KINGS HIGHWAY #39
CITY-ST-ZIP PT. CHARLOTTE FL 33980

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

NO CHANGE IN OFFICERS
OR DIRECTORS?

14. I 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, with all other like empowered.

SIGNATURE:

JEAN C. LONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-99

941-764-7803

Date

Daytime Phone #

CR2E037 (11/98)