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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
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DOCUMENT # 745960 (5)

1. Corporation Name

PLEASURE COVE MOBILE HOME OWNERS, INC.

Principal Place of Business	Mailing Address
~~12 PLEASURE AVE.~~ 2 LEISURE AVE	~~12 PLEASURE AVE~~ 2 LEISURE AVE
FT. PIERCE FL 34982-6315	FT. PIERCE FL 34982-6315
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1979
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2047382 ☐ 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

P.K. O'RIELLY, PRES
12 PLEASURE AVE.
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: TED KAY, PRES.
82 Street Address (P.O. Box Number is Not Acceptable): 1 LAZY LANE
83
84 City: FT. PIERCE, FL 85 Zip Code: 34982

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: Ted Kay TED KAY PRES — 3/16/95
Signature, type 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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	O'RIELLY, P.K.	1.2 NAME	KAY, TED
STREET ADDRESS	12 PLEASURE AVE.	1.3 STREET ADDRESS	1 LAZY LANE
CITY-ST-ZIP	FT PIERCE, FL 00000	1.4 CITY-ST-ZIP	FT. PIERCE, FL 24982
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	KING, E.	2.2 NAME	RICHARD ZALOT
STREET ADDRESS	10 LAZY LANE	2.3 STREET ADDRESS	68 PLEASURE AVENUE
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	WELTER, M	3.2 NAME	GILLESPIE, JOHN
STREET ADDRESS	5 SERENDIPITY AVE.	3.3 STREET ADDRESS	37 PLEASURE AVENUE
CITY-ST-ZIP	FT PIERCE, FL 00000	3.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	T	4.1 TITLE	T ☐ Change ☐ Addition
NAME	WRIGHT, JD	4.2 NAME	WRIGHT, J D
STREET ADDRESS	71 PLEASURE AVENUE	4.3 STREET ADDRESS	71 PLEASURE AVENUE
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	S	5.1 TITLE	S ☒ Change ☐ Addition
NAME	GILLESPIE, K.M.	5.2 NAME	PAYNE, MARION
STREET ADDRESS	37 PLEASURE AVE.	5.3 STREET ADDRESS	73 PLEASURE AVENUE
CITY-ST-ZIP	FT PIERCE, FL 00000	5.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ZALOT, R. AND ZALOT J	6.2 NAME	WRIGHT W. H.
STREET ADDRESS	78 PLEASURE AVE.	6.3 STREET ADDRESS	71 PLEASURE AVENUE
CITY-ST-ZIP	FT PIERCE, FL 00000	6.4 CITY-ST-ZIP	FT. PIERCE, FL 34982

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: Joan D Wright Treas. JOAN D WRIGHT 3/16/95 407-468-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070036