

# 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 # 745960 (5)**

1. Corporation Name

**PLEASURE COVE MOBILE HOME OWNERS, INC.**



Principal Place of Business

**2 LEISURE AVE  
FT. PIERCE FL 34982-6315  
US**

Mailing Address

**2 LEISURE AVE  
FT. PIERCE FL 34982-6315  
US**

3. Date Incorporated or Qualified  
**02/15/1979**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

**21 6 Sunshine Ave**  
Suite, Apt. #, etc.

**26 6 Sunshine Ave**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23 Ft. Pierce, FL**

**28 Ft. Pierce, FL**

**24** Zip **34982** **25** Country **US**

**29** Zip **34982** **30** Country **US**

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**

8. 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

**KAY, TED  
1 LAZY LANE  
FT. PIERCE FL 34982**

**81** Name **Zalot, Richard**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**68 Pleasure Ave**  
**83**  
**84** City **Ft. Pierce** **FL** **85** Zip Code **34982**

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 *X Richard Zalot, Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAY, TED	
STREET ADDRESS	1 LAZY LANE	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZALOT, RICHARD	
STREET ADDRESS	68 PLEASURE AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILLESPIE, JOHN	
STREET ADDRESS	37 PLEASURE AVENUE	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, JD	
STREET ADDRESS	71 PLEASURE AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAYNE, MARION	
STREET ADDRESS	73 PLEASURE AVENUE	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, W., H.	
STREET ADDRESS	71 PLEASURE AVENUE	
CITY-ST-ZIP	FT PIERCE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zalot, Richard	
1.3 STREET ADDRESS	68 Pleasure Ave	
1.4 CITY-ST-ZIP	Ft. Pierce, FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donahue, Jean	
2.3 STREET ADDRESS	6 Sunshine Ave	
2.4 CITY-ST-ZIP	Ft. Pierce, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	King, Elaine	
3.3 STREET ADDRESS	10 Lazy Ln	
3.4 CITY-ST-ZIP	Ft. Pierce, FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hauer, Margaret	
4.3 STREET ADDRESS	50 Sunshine Ave	
4.4 CITY-ST-ZIP	Ft. Pierce, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fridley, Wayne	
6.3 STREET ADDRESS	52 Serendipity Ave	
6.4 CITY-ST-ZIP	Ft. Pierce, FL	

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)(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: *X Richard Zalot*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

Date

407-465-8418

Daytime Phone #

CR2E037 (12/95)