## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT

SIGNATURE:

Mar 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Şandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 745960 PLEASURE COVE MOBILE HOME OWNERS, INC. Principal Place of Business Mailing Address 3030 \$ US #1 6 SUNHINE AVE 3. Date Incorporated or Qualified FT. PIERCE FL 34982 FT. PIERCE F 34982 02/15/1979 HŜ US 4. FEI Number Applied For 59-2047382 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAWSON, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 33 SERENDIPITY AVE 83 FT. PIERCE FL 34982 84 City Zip Code 85 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 familian with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE and title II applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change Addition TITLE 11 TITLE NAME DAWSON, ROBERT 12 NAME CR2E037 STREET ADDRESS 33 SERENDIPITY AVE 1.3 STREET ADDRESS FT PIERCE, FL 00000 1.4 CITY-ST-ZIP CITY-ST-7IP X DELETE Change Addition TITLE 2.1 TITLE JACKSON, ALBERT NAME 2.2 NAME Démonde, Charles **69 SUNSHINE AVE** 2.3 STREET ADDRESS STREET ADDRESS 31 Pleasure Ave FT. PIERCE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP t Pierce, FL 34982... DELETE Addition TITLE D 3.1 TITLE KING, ELAINE NAME 3.2 NAME 10 LAZY LANE STREET ADDRESS 3.3 STREET ADDRESS FT PIERCE, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE FRIDLEY, WAYNE NAME 4.2 NAME **52 SERENDIPITY AVE** STREET ADDRESS 4.3 STREET ADDRESS FT. PIERCE FL. CITY-ST-ZIP 4.4 CITY - ST - ZIP X Change DELETE Addition TITLE 51 TITLE Linn, Jessie JACKSON, RUBY NAME 5.2 NAME 10 Sunghine Ave **69 SUNSHINE AVE** STREET ADDRESS 5.3 STREET ADDRESS FT PIERCE, FL 00000 Ft. Pierce, FL 34982 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE A DELETE Change Addition 6 1 TITLE HODGE, LEONARD 6.2 NAME Jackson, Albert NAME 69 SunshineAve STREET ADDRESS 24 LAZY LANE 6.3 STREET ADDRESS 14. Thereby 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 truetee ampowered 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.

0400

**FILED** 

3/23/9<u>8 (561) 460-9789</u>

Pleasure Cove 3030 S US #1 Ft. Pierce, FL 34982

Block 13 continued

7.1 Title D

7.2 Name Demonde, Gerri
7.3 Address 31 Pleasure Ave.
7.4 City Ft.Pierce, FL 34982

 $1_1$  change  $1\overline{x}$  Addition