

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 048 ****61.25

DOCUMENT # 745960

1. Entity Name

PLEASURE COVE MOBILE HOME OWNERS, INC.



Principal Place of Business

3030 S US #1
FT. PIERCE FL 34982
US

Mailing Address

32 PLEASURE AVE.
FORT PIERCE FL 34982
US

34014203



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2047382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

JACQUES, BARBARA
32 PLEASURE AVE.
FORT PIERCE FL 34982

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JACQUES, BARBARA
STREET ADDRESS 32 PLEASURE AVENUE
CITY-ST-ZIP FT PIERCE FL 34982

TITLE V ☐ Delete
NAME COWELL, MURIEL
STREET ADDRESS 66 SUNSHINE AVE.
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE D ☐ Delete
NAME MAURICE, EDGAR
STREET ADDRESS 67 PLEASURE AVENUE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE T ☐ Delete
NAME HAUER, MARGARET
STREET ADDRESS 50 SUNSHINE AVE
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE S ☒ Delete
NAME NORTON, DOROTHY
STREET ADDRESS 39 SUNSHINE AVENUE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE D ☐ Delete
NAME BUTLER, JOHN
STREET ADDRESS 1 LEISURE LN
CITY-ST-ZIP FT PIERCE FL 34982

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 5 MARILYN HODGE
STREET ADDRESS 24 LAZY LANE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Hauer* MARGARET HAUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/04

Date

772-461-7330

Daytime Phone #