2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 8:00 am Secretary of State

1. Entity Nam	MENT #746613 OOD MOBILE HOME PAR	K ASSO	· CIATION, INC	. <i>'</i> >.						y 01 S)22 003 ****	
Principal Place of Business Mailing Addres 449 IXORA CIRCLE 449 IXORA CI VENICE, FL 34285 VENICE, FL 3					<u> </u>			gizia siis birbi n	1500 MA 8150 MI	Bit Bibli Bibli Sibli Si	1871 101 Bi 1910 1
2. Principal P	Tace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01072007	Chg-NP	CR	2E037 (12/06)		
City & State		City & State					4. FEI Numbe 59-197				pplied For ot Applicable
Zip	Country	Zip		Соц	Country		5. Certificate		ired 🔲	\$8.75 Ad	ditional
	6. Name and Address of Current	t Registered	l Agent		T		7. Name and	Address of N	lew Registe		
LUDDUNG	> 111511 A A1				Name	ט כ	ממגשו				
HUBBLING, LUELLA M 869 JACARANDA CIRCLE							P.O. Box Numbe		ptable)		
VENICE, F	FL 34292		870 Ta				<u>gelo P</u>	lace		 	
			Venice			ice,	FL .	34285		- Zin Coo	10
The above named entity submits this statement for the purpose of changing its re-					City	FL Zip Code					Je
	tions of registered agent. Hausal or Signature, typed or privided name of registered agent		Ho	<i>(L')</i> : Registere	Agent signatu	AN re required	when reinstating)	1	/25/2	007 ate	· · · · ·
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Cam Trust Fund C				\$5.00 May B Added to Fees	e		heck payable tepartment of S	
10,	Due by May 1, 2007 OFFICERS AND D	IRECTORS					Added to Fees		Florida De		tate
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	Due by May 1, 2007 OFFICERS AND D	IRECTORS	Trust Fund C	11. TITL	ion.	VD SA	Added to Fees ADDITIONS/CHA	ANGES TO OF	FICERS AND	D DIRECTORS IN	N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _

AME OF SIGNAMA OFFICER OR DIRECTOR

1-25-2007 941-4