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May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747720 (1)

1. Corporation Name

BAMBOO MOBILE HOME PARK TENANTS' ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

2402 CHARLES RD.
PEMBROKE PARK FL 330092402 CHARLES RD.
PEMBROKE PARK FL 33009-3026

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILSON, R.J.
2402 CHARLES RD.
PEMBROKE PARK, FL.
HALLANDALE FL 33009

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed 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	P	DELETE
NAME	PLANT, LOUISE	
STREET ADDRESS	2406 CHARLES ROAD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	DELETE
NAME	ROOT, FRANK (Deceased)	
STREET ADDRESS	2314 CHARLES ROAD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	DELETE
NAME	ORR, BARBARA	
STREET ADDRESS	2401 SUSAN LANE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	DELETE
NAME	JAHNKE, DOROTHY	
STREET ADDRESS	2406 SUSAN LANE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	ST	DELETE
NAME	GILSON, R.J.	
STREET ADDRESS	% 2402 CHARLES ROAD	
CITY-ST-ZIP	PEMBROKE PARK, FL 0	
TITLE	D	DELETE
NAME	HULL, MURIEL	
STREET ADDRESS	2406 SUSAN LANE	
CITY-ST-ZIP	HALLANDALE FL	

1.1 TITLE	V.P.	Change	Addition
1.2 NAME	ANNEtte JACOBS		
1.3 STREET ADDRESS	2414 CHARLES Rd		
1.4 CITY-ST-ZIP	HALLANDALE, FL. 33009		
2.1 TITLE	D	Change	Addition
2.2 NAME	ANGIE TESSIER		
2.3 STREET ADDRESS	2422 CHARLES Rd		
2.4 CITY-ST-ZIP	HALLANDALE, FL. 33009		
3.1 TITLE	D	Change	Addition
3.2 NAME	ANDREA LACHAINE		
3.3 STREET ADDRESS	2417 SW 31st Ave		
3.4 CITY-ST-ZIP	HALLANDALE, FL. 33009		
4.1 TITLE	D	Change	Addition
4.2 NAME	PATRICIA GILSON		
4.3 STREET ADDRESS	2402 CHARLES Rd		
4.4 CITY-ST-ZIP	HALLANDALE, FL. 33009		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022650

CR2E037 (9/96)