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NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(1)

BAMBOO MOBILE HOME PARK TENANTS' ASSOCIATION, IN C.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address		k imbeit ander binet indes fonein trata i	iai) grafi gravi mihir menti dravi arasi rami
2402 CHARLES RD.	2402 CHARLES RD.			
PEMBROKE PARK FL 33009	PEMBROKE PARK FL 33009	13026		
			3. Date Incorporated or Qualified	3a. Date of Last Report
			06/19/1979	04/18/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Am	26	Stre	59-1895013	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<i>ΥΛ.Ομ.Υ</i>		CO 75 Additional
22	27	-	5. Certificate of Status Desired	Fee Required
City & State	- Cip & State	٠ .	6. Election Campaign Financing	\$5.00 May Be
23 /embroke /ARK	1428 Chorokel	7,	Trust Fund Contribution	Added to Fees
Zip 2 Country	79	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 J3664 25 USA.	29 33009	30 USA		Yes No
	irrent Registered Agent		10. Name and Address of New Re	gistered Agent
		81 Name		
GILSON, R.J.		60 0	/0 0 Day N	
2402 CHARLES RD.			ress (P.O. Box Number is Not Acceptal	ne)
PEMBROKE PARK, FL.		83		***************************************
HALLANDALE FL 33009				
FINELANDALL I C 33009		84 City		FL 85 Zip Code
15 Durayout to the provisions of Continue C17	0502 and 617 1509 Florida Protett	the above comed corr	paration to broke this statement for the	, , , , , , , , , , , , , , , , , , ,
Pursuant to the provisions of Sections 617 office or registered agent, or both, in the Sagent. I am familiar with, and accept the company.	State of Florida, Such change was a	uthorized by the corporat	tion's poard of directors. Thereby acce	pt the appointment as registered
agent. I am familiar with, and accept the o	bligations of, Section 617.0503; Flo	rida Statutes.	no los	2 20 00
SIGNATURE			Helson Dec Y.	J-03-9/
Signature, typed or printed name of registere 12. OFFICERS	B AND DIRECTORS	: Registered Agent signature equi	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE P	DELETE	1.1 TITLE	7	Change Addition
	_ bleeve	12 NAME	wette Jacobs	Unungo personion
		1 72.	214 CHARLES Kel	
STREET ADDRESS 2406 CHARLES ROAD		1.3 STREET ADDRESS		33009
CITY-ST-ZIP HALLANDALE FL	1 No priest	1.4 CITY-ST-ZIP	FACLANGA (C, 12)	
NAME ROOT, FRAN Dece	ASed) DELETE	2.1 TITLE	le ala Tarrian	Change
NAME ROOT, FRANCE		22 NAME	Male lessier	
STREET ADDRESS 2314 CHARLES HUAD		2.3 STREET ADDRESS	add charles_ko	
CITY-ST-ZIP HALLANBALE FL.		2. 1 CITY-ST-ZIP	DLIANDALE, FLI :	3009
TITLE D	☐ DELETE	3.1 TITLE	1 1 11 0 10 11	Change Addition
NAME ORR, BARBARA		32 NAME	tworen Lacon!	ve
STREET ADDRESS 2401 SUSAN LANE		3.3 STREET ADDRESS	417 56 312AV	·•
CHY-ST-ZIP HALLANDALE FL		3.4. CITY-ST-ZIP	MANAALE FL. 3	3009
TITLE D	DELETE	4.1 TITLE	2 10 10 10 10:10	Change Addition
NAME JAHNKE, DOROTHY		4.2 NAME	ACKICIA GILS	7
STREET ADDRESS 2406 SUSAN LANE		4.3 STREET ADDRESS	402 CHARLES	K4
CITY-ST-ZIP HALLANDANE FL		4.4 CITY-ST-ZIP	HLLANDALE, F	7. 33009
TITLE ST	☐ DELETE	5.1 TITLE	11 C L 14 18 18 16 16 18 19 1	Change Addition
NAME GILSON, R.J.		52 NAME		
STREET ADDRESS % 2402 CHARLES ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PARK, FL 0		5.4 CITY-ST-ZIP		
THE D	DELETE	6.1 TITLE		Change Addition
1 X -	ar salula 1 la			
NAME HULL, MURIEL		6.2 NAME		
STREET ADDRESS 2408 SUSAN LANE	•	6.3 STREET ADDRESS		
CITY-ST-ZIP HALLANGALE FL 14. I do hereby certify that the information sup	policed with this files, does not available	64 CITY-ST-ZIP	d in Caption 119 07/9VIV Elector City 4	as I further portify that the
i in. i do nereby certify that the information Sup	ipiieu with this ming oges not quain	у ю ше ехепідкоп ывко	a ni oechori i retorio)(i), morida Statute	rs. i rurtiner Certily 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 exponented 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 attachmen with an address.

Daylime Phone # 0022650