

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747720 (1)
1. Corporation Name
BAMBOO MOBILE HOME PARK TENANTS' ASSOCIATION, INC.



Principal Place of Business: 2402 CHARLES RD. PEMBROKE PARK FL 33009
Mailing Address: 2402 CHARLES RD. PEMBROKE PARK FL 33009-3026

3. Date Incorporated or Qualified: 06/19/1979
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business: Same
2a. Mailing Address: Same
22. Suite, Apt. #, etc.:
23. City & State: Pembroke Park, FL
24. Zip: 33009
25. Country: U.S.A.

4. FEI Number: 59-1895013
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GILSON, R.J.
2402 CHARLES RD.
PEMBROKE PARK, FL.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: R.J. Gilson / Sec'y. 3-29-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V.P.
NAME	PLANT, LOUISE	1.2 NAME	ANNETTE JACOBS
STREET ADDRESS	2406 CHARLES ROAD	1.3 STREET ADDRESS	2914 CHARLES Rd
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	D	2.1 TITLE	
NAME	ROOT, FRANK (Deceased)	2.2 NAME	ANGIE TESSIER
STREET ADDRESS	2314 CHARLES ROAD	2.3 STREET ADDRESS	3922 CHARLES Rd
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	D	3.1 TITLE	D
NAME	ORR, BARBARA	3.2 NAME	ANDREA LACHAINE
STREET ADDRESS	2401 SUSAN LANE	3.3 STREET ADDRESS	3917 SW 31st Ave
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	D	4.1 TITLE	D
NAME	JAHNKE, DOROTHY	4.2 NAME	PATRICIA GILSON
STREET ADDRESS	2406 SUSAN LANE	4.3 STREET ADDRESS	2402 CHARLES Rd
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	ST	5.1 TITLE	
NAME	GILSON, R.J.	5.2 NAME	
STREET ADDRESS	% 2402 CHARLES ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PARK, FL 0	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HULL, MURIEL	6.2 NAME	
STREET ADDRESS	2408 SUSAN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	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: R.J. Gilson 3-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-29-97
Daytime Phone #: 0022650

CR2E037 (9/96)