FILE NOW: FILING FEE IS $61.25

FILED
Jan 30 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 # **766437** **(8)**

1. Corporation Name

AQUA ISLES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RUBY JONES POST OFFIC BOX 2046 LABELLE FL 33935 US	P.O. BOX 2046 LABELLE FL 33975-2046 US

3. Date Incorporated or Qualified: **01/06/1983**
3a. Date of Last Report: **02/15/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2348480** ☐ Applied For ☐ Not Applicable

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

JONES, RUBY
900 HICKPOOCHEE AVENUE, LOT C-08
LABELLE FL 33935

10. Name and Address of New Registered Agent

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	1.1 TITLE	☐ Change ☐ Addition
NAME	FAYE R. KING		1.2 NAME	
STREET ADDRESS	900 HICKPOOCHEE A-22		1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, RUBY		2.2 NAME	
STREET ADDRESS	900 HICKPOOCHEE AVENUE, LOT C08		2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL		2.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	3.1 TITLE	P ☐ Change ☒ Addition
NAME	STILLSON ROBERT		3.2 NAME	**Keith Meier**
STREET ADDRESS	900 HICKPOOCHEE 3-22		3.3 STREET ADDRESS	**900 Hickpoochee Avenue, Lot B-17**
CITY-ST-ZIP	LABELLE FL		3.4 CITY-ST-ZIP	**Labelle, FL 33935**
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, DEWIE E.		4.2 NAME	
STREET ADDRESS	900 HICKPOOCHEE AVENUE LOT G-13		4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	P ☐ Change ☒ Addition
NAME	ROBERT TERBOSS		5.2 NAME	**Shirley Baldwin**
STREET ADDRESS	900 HICKPOCHEE D-5		5.3 STREET ADDRESS	**900 Hickpoochee Avenue, Lot A-03**
CITY-ST-ZIP	LABELLE FL		5.4 CITY-ST-ZIP	**LaBelle, FL 33935**
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MORLOCK, WILLIAM		6.2 NAME	
STREET ADDRESS	900 HICKPOOCHEE AVENUE, LOT G-05		6.3 STREET ADDRESS	
CITY-ST-ZIP	LELL FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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] (RUBY A. JONES) 1-27-97 PRESIDENT