

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90025 012 \*\*\*\*61.25

<b>DOCUMENT # 766437</b>					
<b>1. Entity Name</b> AQUA ISLES MOBILE HOME OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 900 AQUA ISLES BLVD <del>LOT D-11</del> Lot B-17 LABELLE, FL 33935 US			<b>Mailing Address</b> 900 AQUA ISLES BLVD <del>LOT D-11</del> Lot B-17 LABELLE, FL 33935 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 900 Aqua Isles Blvd. Suite, Apt. #, etc. B-17		<b>3. Mailing Address</b> 900 Aqua Isles Blvd. Suite, Apt. #, etc. B-17			
<b>City &amp; State</b> Labelle, FL		<b>City &amp; State</b> Labelle, FL		<b>4. FEI Number</b> 59-2348480	
<b>Zip</b> 33935		<b>Country</b> U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BURKHART, JOHN 900 AQUA ISLES BLVD LOT D11 LABELLE, FL 33935			<b>7. Name and Address of New Registered Agent</b> Name: Donald L. Craig Street Address (P.O. Box Number is Not Acceptable): 900 Aqua Isles Blvd., Lot A-3 City: Labelle, FL Zip Code: 33935		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Donald L. Craig</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			SIGNATURE: <u>Donald L. Craig</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> BURKHART, JOHN S <b>STREET ADDRESS</b> 900 AQUA ISLES BLVD D11 <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> Don Craig <b>STREET ADDRESS</b> 900 Aqua Isles Blvd, Lot A-3 <b>CITY-ST-ZIP</b> Labelle, FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> RUMMEL, PAT <b>STREET ADDRESS</b> 900 AQUA ISLES BLVD <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Marian Greene <b>STREET ADDRESS</b> 900 Aqua Isles Blvd, Lot H-5 <b>CITY-ST-ZIP</b> Labelle, FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T- <b>NAME</b> CRAIG, DON <b>STREET ADDRESS</b> 900 AQUA ISLES BLVD <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input type="checkbox"/> Delete		<b>TITLE</b> Treasurer <b>NAME</b> Olivia Toler <b>STREET ADDRESS</b> 900 Aqua Isles Blvd, Lot B-17 <b>CITY-ST-ZIP</b> Labelle, FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WEBSTER, RONALD <b>STREET ADDRESS</b> 900 AQUA ISLES BLVD B15 <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Gaston Dallaire <b>STREET ADDRESS</b> 900 Aqua Isles Blvd, Lot D-13 <b>CITY-ST-ZIP</b> Labelle, FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SYPUDT, BERYL <b>STREET ADDRESS</b> 900 AQUA ISLES BLVD <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Ron Spaulding <b>STREET ADDRESS</b> 900 Aqua Isles Blvd, E-22 <b>CITY-ST-ZIP</b> Labelle, FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Olivia Toler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>2/13/08</u> DAYTIME PHONE #: <u>863-675-3087</u>		