FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G52561

(9)

Mailing Address

ZEPHYRHILLS MOBILE HOME PARK, INC.

FILED
Feb 19 1997 8:00am
Secretary of State

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121 N. OSCEOLA. S-306 P.O. BOX 509 CLEARWATER FL 34617		121 N. OSCEOLA, 8-306 P.O. BOX 509 CLEARWATER FL 34617-0509						
					 Date Incorporated or Qualified 06/03/1983 	3a. Date of Last Report 10/24/1996		
2. Principal Place of Business 2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For	
21 26		26			59-2324643	Not Applicable		
Suite, Apt	I #, etc.	Suite, Apt #, etc.	 		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζφ 24	Zip Country Zip Coun			lry	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes \(\square\) No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
BR	own, robert g		16	1 Name				
121 N. OSCEOLA S-306				82 Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 34615			•	3				
			1	4 City		FL	Code	
office or	it to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	a of Florida. Such change was	authorized.	hy the corpore	rporation submits this statement for the patients board of directors. I hereby acceptions	ot the appointment a	its registered	
SIGNATURE	Signature, typed or printed name of registered as	pent and rule if applicable (NO)	F: Registered	Agent sonature reg	urred when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12	
TITLE	PD	DELETE	1.1 TITL	E T		☐ Change	Addition	
NAMÉ	BROWN, JARED D		1.2 NAM	IE				
STREET ADDRESS	121 N. OSCEOLA, S-306		1.3 STR	EET ADDRESS				
CiTY-ST-ZIP	CLEARWATER FL 34615		1.4 CIT	-ST-ZIP				
TITLE	VST	☐ DELETE	2.1 111	E		☐ Change	Addition	
NAME	BROWN, ROBERT G		2.2 NAA	E				
STREET ADDRESS	121 N. OSCEOLA, S-306		2.3 STR	EET ADDRESS	•			
CITY-ST-ZIP	CLEARWATER FL 34615		2. 4 CIT	Y-ST-ZiP				
TITLE			3.1 TITL	E		Chang	Addition	
NAME	Brown, Donna		3.2 NA	1E				
STREET ADDRESS			3.3 STR	EET AODRESS				
CITY- ST - ZIP	CLEARWATER FL 34615		3 4. CIT	Y-SY-ZIP				
TiTLE		☐ DELETE	4.1 T)T	E		Chang-	Addition	
NAME			4. 2 NA	ME I				
STREET ADDRESS	5		4.3 STR	EET ADDRESS				
CITY - ST - ZIP			4.4 CIT	r-ST-ZIP				
TITLE		DELETE	5.1 111	.E		☐ Chang	e Addition	
NAME			5.2 NAJ	AE				
STREET ADDRESS	s		5.3 STF	EET ADDRESS				
CITY - S1 - ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		DELETE	6.1 TIT	E		☐ Chang	e Addition	
NAME			6.2 NA	ME .				
STREET ADDRESS	s l		6.3 STF	EET AODRESS				
CITY - ST. ZIP			6.4 CIT	V-ST-ZIP				

14. Ido 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in twith an address.