FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:42

DOCUMENT # **G89329** **(8)**

1. Corporation Name

PALMETTO MOBILE HOME PARK HOME OWNERS, INC.

Principal Place of Business	Mailing Address
4135 KINGS HIGHWAY #108 #88 PORT CHARLOTTE FL 33980 US	4135 KINGS HIGHWAY #108 #88 PORT CHARLOTTE FL 33980 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/08/1984
3a. Date of Last Report: 03/15/1994

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

4. FEI Number: 59-2395552 — 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

MCCRON, DON
4135 KINGS HIGHWAY
#108
PORT CHARLOTTE FL 33980-8426

10. Name and Address of New Registered Agent

81 Name: William McGrath
82 Street Address (P.O. Box Number is Not Acceptable): 4135 Kings Highway #88
83: Port Charlotte, FL 33980-8426
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William C. McGrath
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	1.1 TITLE	President	☐ Change ☐ Addition
NAME	MCCRON, DON	1.2 NAME	William McGrath	
STREET ADDRESS	4135 KINGS HWY, #108	1.3 STREET ADDRESS	4135 Kings Hwy #88	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980-8426	1.4 CITY-ST-ZIP	Port Charlotte FL 33980-8426	
TITLE	V	2.1 TITLE	Vice President	☐ Change ☐ Addition
NAME	MCGRATH, WILLIAM	2.2 NAME	William White	
STREET ADDRESS	4135 KINGS HWY, #88	2.3 STREET ADDRESS	4135 Kings Hwy #61	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980-8426	2.4 CITY-ST-ZIP	Port Charlotte FL 33980-8426	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	CAIRNS, CATHERINE	3.2 NAME		
STREET ADDRESS	4135 KINGS HIGHWAY #83	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980-8426	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	MOUNTAIN, MILTON	4.2 NAME		
STREET ADDRESS	4135 KINGS HWY #121	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980-8426	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ROHRER, FLORENCE	5.2 NAME		
STREET ADDRESS	4135 KINGS HWY #20	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980-8426	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DOYLE, JACK	6.2 NAME		
STREET ADDRESS	4135 KINGS HWY #57	6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980-8426	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milton Mountain
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
Milton Mountain Treasurer 813-629-3307

04/30/94 FT