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

APPROVED AND FILED
95 APR -4 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G96528 (6)

1. Corporation Name
CAPRI MOBILE HOME OWNERS', INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
24195 US HWY 19 N LOT 435 CLEARWATER FL 34623-1018 US	24195 US HWY 19 N LOT 435 CLEARWATER FL 34623-1018 US

3. Date Incorporated or Qualified: 04/17/1984
3a. Date of Last Report: 03/08/1994

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: 59-2419156 ☐ 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

FORD, EDWIN I.
2317 WEST BAY DRIVE
LARGO FL 33540

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	FARQUHARSON, DONALD	1.2 NAME		
STREET ADDRESS	24195 US HWY 19, 227	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	~~VD~~	2.1 TITLE	V D	☐ Change ☐ Addition
NAME	PARRISH, BRUCE	2.2 NAME		
STREET ADDRESS	24195 US HWY 19N 203	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	PARRISH, DOROTHY	3.2 NAME		
STREET ADDRESS	24195 US HWY 19N 203	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	RODAK, PAUL	4.2 NAME		
STREET ADDRESS	24195 US HWY 19N 435	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	MALLET, FRED	5.2 NAME		
STREET ADDRESS	24195 US HWY 19N 125	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE	~~VD~~	6.1 TITLE	P D	☐ Change ☐ Addition
NAME	DESCHENEAUX, RAYMOND	6.2 NAME		
STREET ADDRESS	24195 US HWY 19N 211	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond W. Deschenaux RAYMOND W. DESCHENAUX 2-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date

813-797-5769
Daytime Phone #

0000000 CP

CAPRI MOBILE HOMEOWNERS, INC.

59-2419156

D

CAMPBELL, VICTORIA
24195 U.S. HWY 19 NORTH LOT 214
CLEARWATER, FL.