

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

1996 43-aq B 3040 C

DOCUMENT # G96528 (6)

1. Corporation Name

CAPRI MOBILE HOME OWNERS', INC.



Principal Place of Business

24195 US HWY 19 N LOT 435  
CLEARWATER FL 34623-1018  
US

Mailing Address

24195 US HWY 19 N LOT 435  
CLEARWATER FL 34623-1018  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

04/17/1984

3a. Date of Last Report

04/04/1995

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

10. Name and Address of New Registered Agent

FORD, EDWIN I.  
2307 WEST BAY DRIVE  
LARGO FL 33540

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME FARQUHARSON, DONALD  
STREET ADDRESS 24195 US HWY 19, 227  
CITY-ST-ZIP CLEARWATER FL

TITLE VD ☐ DELETE  
NAME PARRISH, BRUCE  
STREET ADDRESS 24195 US HWY 19N 203  
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ DELETE  
NAME PARRISH, DOROTHY  
STREET ADDRESS 24195 US HWY 19N 203  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE  
NAME RODAK, PAUL  
STREET ADDRESS 24195 US HWY 19N 435  
CITY-ST-ZIP CLEARWATER FL

TITLE TD ☐ DELETE  
NAME MALLET, FRED  
STREET ADDRESS 24195 US HWY 19N 125  
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ DELETE  
NAME DESCHENEUX, RAYMOND  
STREET ADDRESS 24195 US HWY 19N 211  
CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME CAMPBELL, VICTORIA  
1.3 STREET ADDRESS 24195 US HWY 19 N 214  
1.4 CITY-ST-ZIP CLEARWATER, FL 34623

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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: Raymond W. Descheneaux Raymond w. Descheneaux 2-29-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

813-797-5768

CR2E034 (12/95)