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 11 PM 3:37

DOCUMENT # **H61684** **(7)**

1. Corporation Name

VAGABOND MOBILE HOME OWNER ASSOC., INC.

Principal Place of Business	Mailing Address
% FLORENCE FOX 7570 46TH AVE. N. #153 ST. PETERSBURG FL 33709	% FLORENCE FOX 7570 46TH AVE. N. #153 ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1985
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	2a. Mailing Address
21	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: 59-2886107 ☐ 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
FOX, FLORENCE 7570 46TH AVENUE NORTH LOT 153 ST. PETERSBURG FL 33709	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	PD	11 TITLE	PD	☒ Change ☒ Addition
NAME	MCMANN, ALLEN	12 NAME	Beatrice Struble	
STREET ADDRESS	7670-46TH AVE, N., #172	13 STREET ADDRESS	7570 46th Ave., N. #264	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
TITLE	VD	21 TITLE	VD	☒ Change ☒ Addition
NAME	CRESSY, RALPH	22 NAME	Joseph Beauchamp	
STREET ADDRESS	7570-46TH AVE., N., #132	23 STREET ADDRESS	7570 46th Ave. N. #251	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
TITLE	SD	31 TITLE	SD	☐ Change ☐ Addition
NAME	LEBLANC, MARY	32 NAME	Mary LeBlanc	
STREET ADDRESS	7570-46TH AVE., N., #137	33 STREET ADDRESS	7570 46th Ave. N. #137	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
TITLE	TD	41 TITLE	TD	☒ Change ☒ Addition
NAME	DUMONTIER, THERESA	42 NAME	Florence Fox	
STREET ADDRESS	7570-46TH AVE., N., #409	43 STREET ADDRESS	7570 46th Ave. N. #153	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	D'AURIA, JOHN	52 NAME	Margaret Napierala	
STREET ADDRESS	7570-46TH AVE., N., #143	53 STREET ADDRESS	7570 46th Ave. N. #149	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	NAPPER, CHARLES	62 NAME	Earl Robinson	
STREET ADDRESS	7570-46TH AVE., N., #369	63 STREET ADDRESS	7570 46th Ave. N. #217	
CITY-ST-ZIP	ST. PETERSBURG FL	64 CITY-ST-ZIP	St. Petersburg, Fl. 33709	

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: Beatrice Struble — Beatrice Struble — 813-546-8470
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — 4-1-95 (Date) — (Daytime Phone #)

000181 CP