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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H61684 (7)

1. Corporation Name  
VAGABOND MOBILE HOME OWNER ASSOC., INC.

Principal Place of Business

% FLORENCE FOX  
7570 46TH AVE. N. #153  
ST. PETERSBURG FL 33709

Mailing Address

% FLORENCE FOX  
7570 46TH AVE. N. #153  
ST. PETERSBURG FL 33709-2435



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/12/1985

3a. Date of Last Report

04/09/1996

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

B. Name and Address of Current Registered Agent

FOX, FLORENCE  
7570 46TH AVENUE NORTH  
LOT 153  
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME STRUBLE, BEATRICE  
STREET ADDRESS 7570 46TH AVE., N. #264  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☒ DELETE  
NAME BEAUCHAMP, JOSEPH  
STREET ADDRESS 7570 46TH AVENUE N. #251  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD ☒ DELETE  
NAME LEBLANC, MARY  
STREET ADDRESS 7570-46TH AVE., N., #137  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD ☐ DELETE  
NAME FOX, FLORENCE  
STREET ADDRESS 7570 46TH AVENUE N. #153  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE  
NAME NAPIERALA, MARGARET  
STREET ADDRESS 7570 46TH AVENUE N. #149  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ DELETE  
NAME ROBINSON, EARL  
STREET ADDRESS 7570 46TH AVENUE, N. #217  
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME DOROTHY FUCHS  
1.3 STREET ADDRESS 7570 46th Ave. N. #147  
1.4 CITY-ST-ZIP St. PETERSBURG, FL, 33709

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Helen Murphy  
2.3 STREET ADDRESS 7570 46th Ave. N. #131  
2.4 CITY-ST-ZIP St. Petersburg, Fl. 33709

3.1 TITLE SD ☐ Change ☒ Addition  
3.2 NAME Nancie Davidge  
3.3 STREET ADDRESS 7570 46th Ave. N. #279  
3.4 CITY-ST-ZIP St. Petersburg, Fl. 33709

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 D ☐ Change ☒ Addition  
6.2 NAME Ralph Cressy  
6.3 STREET ADDRESS 7570 46th Ave. N. #132  
6.4 CITY-ST-ZIP St. Petersburg, Fl. 33709

14. I do 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 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:

SIGNATURE REQUIRED

*Dorothy L. Fuchs* 4/4/97  
Dorothy Fuchs, B.S.

813-544 0147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)