

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90050 028 ***150.00

DOCUMENT # H61684

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

9. 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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FUCHS, DOROTHY	
STREET ADDRESS	7570 46TH AVE N #147	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURPHY, HELEN	
STREET ADDRESS	7570 46TH AVE N #131	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDGE, NANCIE	
STREET ADDRESS	7570 46TH AVE N #279	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FOX, FLORENCE	
STREET ADDRESS	7570 46TH AVENUE N. #153	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHOAN, MEREDITH	
STREET ADDRESS	7570 46TH AVE N, 176	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRESSY, RALPH	
STREET ADDRESS	7570 46TH AVE N #132	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALLETT, MURIEL	
1.3 STREET ADDRESS	7570 46th Ave. #166	
1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MURPHY HELEN	
2.3 STREET ADDRESS	7570 46th Ave. #131	
2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kenneth MacGregor	
3.3 STREET ADDRESS	7570 46th Ave. N. #225	
3.4 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ray Belanger	
4.3 STREET ADDRESS	7570 46th Ave. N. #353	
4.4 CITY-ST-ZIP	St. Petersburg, Fl. 33709	
5.1 TITLE	D Wm. Brandsen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	7570 46th Ave. N. #407	
5.3 STREET ADDRESS	St. Petersburg, Fl. 33709	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PYATT, STANLEY	
6.3 STREET ADDRESS	7570 46th Ave. N. #127	
6.4 CITY-ST-ZIP	St. Petersburg, Fl. 33709	

14. I 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, with all other like empowerments.

SIGNATURE:

HELEN MURPHY, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 727-547 8088

Date

Daytime Phone #

CR2F034 (11/98)