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 MAY -2 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # G95286 (2)

1. Corporation Name
FAR HORIZONS MOBILE HOME PARK HOMEOWNER'S ASSOCI ATION, INC.

Principal Place of Business
2580 NURSERY RD ~~#114~~ 201
CLEARWATER FL 34624

Mailing Address
~~2580 NURSERY RD #114~~
~~CLEARWATER FL 34624~~

3. Date Incorporated or Qualified: 04/09/1984
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26 % R. LeBron Free PA
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 2725 Park Dr., Ste 3
23 City & State	28 City & State Clearwater FL
24 Zip / 25 Country	29 Zip 34623 / 30 Country

4. FEI Number: 59-2409613 — 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

FREE, E. LEBRON
PARK PROFESSIONAL CENTER, SUITE #4
2725 PARK DRIVE
CLEARWATER FL 34623

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	DP ☐ Change ☑ Addition
NAME	~~DE CARUFEL, LOUIS~~	1.2 NAME	Robert McCausland
STREET ADDRESS	~~2580 NURSERY ROAD #114~~	1.3 STREET ADDRESS	2580 Nursery Road #201
CITY ST ZIP	~~CLEARWATER FL 34624~~	1.4 CITY ST ZIP	Clearwater, FL 34624
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, EDWIN	2.2 NAME	
STREET ADDRESS	2580 NURSERY ROAD #312	2.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34624	2.4 CITY ST ZIP	
TITLE	~~SD~~	3.1 TITLE	DS ☐ Change ☑ Addition
NAME	~~DECARUFEL, WINIFRED~~	3.2 NAME	Robert, George
STREET ADDRESS	~~2580 NURSERY ROAD #232~~	3.3 STREET ADDRESS	2580 Nursery Road #302
CITY ST ZIP	~~CLEARWATER FL 34624~~	3.4 CITY ST ZIP	Clearwater, FL 34624
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CAHILL, JOAN	4.2 NAME	
STREET ADDRESS	2580 NURSERY ROAD #232	4.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34624	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FEGAN, MICHAEL	5.2 NAME	
STREET ADDRESS	2580 NURSERY ROAD #210	5.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34624	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 the 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: R. McCausland — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/95 Date (813) 536-1421 Daytime Phone #

0310468 CP