

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J49085** (0)

1. Corporation Name

ORANGE BLOSSOM MOBILE HOME PARK, INC.



Principal Place of Business

Mailing Address

% WILLIAM M. HART, II
555 SW 130TH AVE
DAVIE FL 33325

% WILLIAM M. HART, II
555 SW 130TH AVE
DAVIE FL 33325

3. Date Incorporated or Qualified
01/01/1987

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2797108

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

~~HART, WILLIAM M., II
555 SW 130TH AVE
DAVIE FL 33325~~

81 Name

Hart, Gerald Alde

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

555 SW 130TH Ave.

83

84 City

Davie

FL

85

Zip Code
33325

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 607.1505, Florida Statutes.

SIGNATURE

Sandra B. Mortham - **Gerald A. Hart**

02-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE
NAME **HART, GERALD ALDE**
STREET ADDRESS **555 SW 130TH AVE**
CITY-STATE-ZIP **DAVIE FL**

TITLE **P** ☒ DELETE
NAME **HART, WILLIAM M., II**
STREET ADDRESS **555 SW 130TH AVE**
CITY-STATE-ZIP **DAVIE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Sandra B. Mortham **Gerald A Hart**

02-16-96

(954) 473-2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (12/95)