

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J63607 (2)**

1. Corporation Name
MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
6741 S. TAMiami TRAIL SARASOTA FL 34231

3. Date Incorporated or Qualified 03/25/1987	3a. Date of Last Report 04/17/1995
4. FEI Number 59-2798064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**STEPHEN H. KURVIN, ESQ.
7 SOUTH LIME AVENUE
SARASOTA FL 34237**

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. Thereby 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 the filer (applicant) (Agent) Registered Agent by the corporation when filing this report

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	PRIB, LOUISE
STREET ADDRESS	2093 GLENWOOD DR. SARASOTA FL
CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, GEORGE
STREET ADDRESS	2074 DETROITER ST. SARASOTA FL
CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE
NAME	HODGSON, JOHN
STREET ADDRESS	2107 TROTWOOD DR SARASOTA FL
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	SHINDORF, RAY
STREET ADDRESS	2044 S. MOBILE EST. DR. SARASOTA FL
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHULTE, ALOYSIUS
STREET ADDRESS	2045 CHAMPION ST. SARASOTA FL
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	CEELY, MARION
STREET ADDRESS	2042 CHAMPION ST. SARASOTA FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President Rosemary Piepenbrink
1.3 STREET ADDRESS	2102 Glenwood Dr. Sarasota FL 34231
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. Dante Battista
2.3 STREET ADDRESS	2098 Glenwood Dr Sarasota FL 34231
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Herman Larue
3.3 STREET ADDRESS	2045 Trotwood Dr Sarasota FL 34231
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ann Pellerin
4.3 STREET ADDRESS	2062 Champion Sarasota FL 34231
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Don Burgess
5.3 STREET ADDRESS	2080 Trotwood Dr. Sarasota FL 34231
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Rosemary Piepenbrink* President 4-3-96 941-234-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Dying Power

CR2E034 (12/95)