

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # J63607 (2)
 1. Corporation Name
MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 6741 S. TAMiami TRAIL SARASOTA FL 34231	Mailing Address 6741 S. TAMiami TRAIL SARASOTA FL 34231-4808
---	--

3. Date Incorporated or Qualified 03/25/1987	3a. Date of Last Report 04/08/1996
--	--

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

4. FEI Number 59-2798064	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent
STEPHEN H. KURVIN, ESQ.
7 SOUTH LIME AVENUE
SARASOTA FL 34237

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PRIB, LOUISE	
STREET ADDRESS	2093 GLENWOOD DR.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DANTE BATTISTA	
STREET ADDRESS	2098 GLENWOOD DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERMAN LARUE	
STREET ADDRESS	2095 TROTWOOD DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANN PELLERIN	
STREET ADDRESS	2062 CHAMPION	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTE, ALOYSIUS	
STREET ADDRESS	2045 CHAMPION ST.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CEELY, MARION	
STREET ADDRESS	2042 CHAMPION ST.	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Prib, Louise	
1.3 STREET ADDRESS	2093 Glenwood Dr.	
1.4 CITY - ST - ZIP	Sarasota FL 34231	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jack Spears	
2.3 STREET ADDRESS	2084 S. Mobile Estates Dr	
2.4 CITY - ST - ZIP	Sarasota FL 34231	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Hodson	
3.3 STREET ADDRESS	2107 Trotwood Dr.	
3.4 CITY - ST - ZIP	Sarasota FL 34231	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Don Burgess	
4.3 STREET ADDRESS	2080 Trotwood Dr.	
4.4 CITY - ST - ZIP	Sarasota FL 34231	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Aime Morin	
5.3 STREET ADDRESS	2050 Sun Home St.	
5.4 CITY - ST - ZIP	Sarasota FL 34231	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rosemary Piepenbrink	
6.3 STREET ADDRESS	2102 Glenwood Dr	
6.4 CITY - ST - ZIP	Sarasota FL 34231	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Louise E. Prib* **4/9/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0423760**

CR2E034 (9/96)

MOBILE ESTATES
HOME OWNERS ASSOCIATION INC.
6741 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

Additions to Directors

D	D
Joan Reynolds	Ray Shindorf
2068 S. Mobile Est. Dr.	2049 S. Mobile Est. Dr
Sarasota Fl 34231	Sarasota Fl 34231

~~B~~