

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2798064	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIB, LOUISE	1.2 NAME	Don Burgess
STREET ADDRESS	2093 GLENWOOD DR.	1.3 STREET ADDRESS	2080 Trotwood Dr.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANTE BATTISTA	2.2 NAME	Rosemary Piepenbrink
STREET ADDRESS	2098 GLENWOOD DR	2.3 STREET ADDRESS	2102 Glenwood Dr.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN LARUE	3.2 NAME	Gordon Burton
STREET ADDRESS	2095 TROTWOOD DR	3.3 STREET ADDRESS	2043 N. Mobile Estates Dr.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN PELLERIN	4.2 NAME	Aime Morin
STREET ADDRESS	2062 CHAMPION	4.3 STREET ADDRESS	2050 Sun Home St.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEARS, JACK	5.2 NAME	Francis Hochmuth
STREET ADDRESS	2084 S. MOBILE ESTATES DR	5.3 STREET ADDRESS	2081 Detroit St.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota FL
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODSSON, JOHN	6.2 NAME	Jack LeDoux
STREET ADDRESS	2107 TROTWOOD DR	6.3 STREET ADDRESS	2063 N. Mobile Estates Dr.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota FL

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 any attachment with an address.

SIGNATURE: *Louise E. Prib* 4/2/98 (941) 924-3800

CR2E084 (10/97)

Also add

D Nel Potvin
2061 N. Mobile Est Dr
Sarasota FL

D Ray Shindorf
2044 S. Mobile Est Dr
Sarasota FL