

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90138 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J63607

1. Corporation Name
MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE

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	29 Zip Country
24	30

3. Date Incorporated or Qualified	Applied For
03/25/1987	Not Applicable
4. FEI Number	Applied For
59-2798064	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 owes the current year intangible Personal Property Tax.	Yes 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIB, LOUISE	12 NAME	Dante Battista
STREET ADDRESS	2093 GLENWOOD DR.	13 STREET ADDRESS	2098 Glenwood Dr
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota Fl 34231
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, DON	22 NAME	Gordon Burton
STREET ADDRESS	2080 TROTWOOD DR.	23 STREET ADDRESS	2043 N. Mobile Estates Dr
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Sarasota Fl 34231
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN LARUE	32 NAME	John Hodgson
STREET ADDRESS	2095 TROTWOOD DR	33 STREET ADDRESS	2107 Trotwood Dr.
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Sarasota Fl 34231
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN PELLERIN	42 NAME	Naudie Mac Pherson
STREET ADDRESS	2062 CHAMPION	43 STREET ADDRESS	2049 Champion St.
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota Fl 34231
TITLE	T <input type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOCHMUTH, FRANCIS	52 NAME	George O'Brien
STREET ADDRESS	2081 DETROITER ST	53 STREET ADDRESS	2074 Detroitier St.
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	Sarasota Fl 34231
TITLE	S <input type="checkbox"/> DELETE	61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDOUX, JACK	62 NAME	Rose Piepenbrink
STREET ADDRESS	2063 N MOBILE ESTATES DR	63 STREET ADDRESS	2102 Glenwood Dr.
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	Sarasota Fl 34231

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 an attachment with an address, with all other like empowered.

SIGNATURE: *Louise E. Prib*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99. 941-924-3800
 Date Daytime Phone #

CR2E034 (1/198)