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 # **K71304** **(5)**

1. Corporation Name

KAKUSHA MOBILE HOME PARK ASSOCIATION, INC.

Principal Place of Business

1654 CLEARWATER-LARGO RD. #402
CLEARWATER FL 34616

Mailing Address

1654 CLEARWATER-LARGO RD. #402
CLEARWATER FL 34616

3. Date Incorporated or Qualified: **03/08/1989**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **NOT APPLICABLE** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DAMONTE, JONATHAN JAMES
7800 113TH ST. NORTH SUITE 206
SEMINOLE FL 34642

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 (Registered Agent's Signature) (Print Registered Agent's Name) DATE

12. OFFICERS AND DIRECTORS

1 TYPE	VP	☐ DELETE
NAME	AUBIN CONNIE	
STREET ADDRESS	1654 CLEARWATER-LARGO RD S401	
CITY-ST-ZIP	CLEARWATER FL	
2 TYPE	S	☐ DELETE
NAME	SOUTTER, CHAROLOTTE M	
STREET ADDRESS	1654 CLEARWATER-LARGO RD S706	
CITY-ST-ZIP	CLEARWATER FL	
3 TYPE	D	☒ DELETE
NAME	JONES, HAROLD W.	
STREET ADDRESS	1654 CLEARWATER-LARGO RD	
CITY-ST-ZIP	#303, CLEARWATER, FL	
4 TYPE	DT	☐ DELETE
NAME	SCATURRO, BILL	
STREET ADDRESS	1654 CLEARWATER-LARGO RD	
CITY-ST-ZIP	#704, CLEARWATER, FL	
5 TYPE	DS	☐ DELETE
NAME	JOHNSON, BLAIR	
STREET ADDRESS	1654 CLEARWATER-LARGO RD	
CITY-ST-ZIP	#601, CLEARWATER, FL	
6 TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TYPE	President	☐ Change ☒ Addition
1 NAME	CHASE Dee	
1 STREET ADDRESS	1654 CLEARWATER-LARGO RD 807	
1 CITY-ST-ZIP	CLEARWATER FL	
2 TYPE	C	☐ Change ☒ Addition
2 NAME	PORTER CHARLES	
2 STREET ADDRESS	1654 CLEARWATER-LARGO RD 129	
2 CITY-ST-ZIP	CLEARWATER, FL	
3 TYPE	D	☐ Change ☒ Addition
3 NAME	PINGLE RON	
3 STREET ADDRESS	1654 CLEARWATER-LARGO RD 403	
3 CITY-ST-ZIP	CLEARWATER, FL	
4 TYPE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TYPE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TYPE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I 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)(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 added to the report with an address.

SIGNATURE: Jeff Scaturro 1/17/96 784-3035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)