

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:13

DOCUMENT # L02606 (6)

1. Corporation Name

RIVER'S EDGE MOBILE HOME PARK, INC.

Principal Place of Business

**C/O NELSON C. STEINER
5012 W. LEMON ST.
TAMPA FL 33609**

Mailing Address

**C/O NELSON C. STEINER
5012 W. LEMON ST.
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/17/1989

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number	Applied For
22 City & State	27 City & State	59-2969727	Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**STEINER, NELSON
5012 W. LEMON ST.
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	STEINER, NELSON C.	1.2 NAME	
STREET ADDRESS	5012 W. LEMON ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 resolver 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 in an attachment with an address.

SIGNATURE:

[Signature]

NELSON C. STEINER

2-10-95

(813) 289-0500

Signature and typed or printed name of signing officer or director

Date

Telephone #