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 JAN 26 PM 3:27

DOCUMENT # M06829 (9)

1. Corporation Name
RANCHO MARGATE MOBILE HOME ESTATES ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
5591 LOS CAMPOS MARGATE FL 33063 US	% MAUREEN NOEL 5591 LOS CAMPOS MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1984
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.: 2925 Rio BLANCA
23 City & State: MARGATE, FLORIDA
24 Zip: 33063 25 Country: USA

27 Suite, Apt. #, etc.: P.O.B 634443
28 City & State: MARGATE, FLORIDA
29 Zip: 33063 30 Country:

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

9. Name and Address of Current Registered Agent

LAVALLEE, RALPH J
5573 MESA VERDE
MARGATE FL 33063

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: RALPH J. LAVALLEE - S
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	NOEL, MAUREEN	1.2 NAME	DENNIS SHEA	
STREET ADDRESS	5591 LOS CAMPOS	1.3 STREET ADDRESS	2925 RIO BLANCA	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VP	2.1 TITLE	V. P.	☒ Change ☐ Addition
NAME	O'FARRELL, JAMES	2.2 NAME	PHILLIP SOREL	
STREET ADDRESS	2989 RIO BLANCA	2.3 STREET ADDRESS	2859 LA PAZ	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TD	3.1 TITLE	TRES	☒ Change ☐ Addition
NAME	TREPANIER, JACQUES	3.2 NAME	DIANE VOLLICK	
STREET ADDRESS	5619 SANTA MARIA	3.3 STREET ADDRESS	2820 LA PAZ	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	LAVALLEE, RALPH J	4.2 NAME		
STREET ADDRESS	5573 MESA VERDE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DURBIN, JAMES	5.2 NAME	MAUREEN NOEL	
STREET ADDRESS	2860 LAPAZ	5.3 STREET ADDRESS	2925 RIO BLANCA	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LULOFF, GEORGE	6.2 NAME	DON GALBRAITH	
STREET ADDRESS	5542 BUENA VISTA	6.3 STREET ADDRESS	2963 RIO BLANCA	
CITY-ST-ZIP	MARGATE FL	6.4 CITY-ST-ZIP	MARGATE, FL 33063	

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 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.

SIGNATURE: Dennis Shea 1/21/95 3059756882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106894 CP