

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

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Jul 08 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 # **M25997** (1)
1. Corporation Name
TWIN RIVERS MOBILE HOMEOWNERS, INC.

Principal Place of Business TWIN RIVERS MHP 7770 S.E. FEDERAL HIGHWAY HOBE SOUND FL 33455	Mailing Address TWIN RIVERS MHP 7770 S.E. FEDERAL HIGHWAY HOBE SOUND FL 33455
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Twin Rivers MHP Suite, Apt. #, etc. 22 7770 SE Federal Hwy. City & State 23 Hobe Sound, FL 33455 Zip Country 24 33455 25		2a. Mailing Address 26 Betty Caylor/TRMHP Suite, Apt. #, etc. 27 7770 SE Federal Hwy. City & State 28 Hobe Sound FL 33455 Zip Country 29 33455 30		3. Date Incorporated or Qualified 01/13/1986	
		4. FEI Number 59-2639298		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		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 BENDER, DONALD W 7770 SE FEDERAL HWY HOBE SOUND FL 33455				10. Name and Address of New Registered Agent 81 Name Betty Caylor - TRMHP 82 Street Address (P.O. Box Number is Not Acceptable) 7770 SE Federal Hwy. 83 84 City Hobe Sound 85 Zip Code FL 33455			
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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 *Betty Caylor* **Betty Caylor, D/T/S** **Apr 11 27, 1998**
Signature typed & 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	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HURRY, THOMAS		1.2 NAME				
STREET ADDRESS	7770 SE FEDERAL HWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP				
TITLE	DS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BENDER, DONALD W		2.2 NAME	BETTY CAYLOR			
STREET ADDRESS	7770 S.E. FEDERAL HWY.		2.3 STREET ADDRESS	7770 SE FEDERAL HWY.			
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MURRAY, RUTH		3.2 NAME	BETTY CAYLOR			
STREET ADDRESS	7770 S.E. FEDERAL HWY.		3.3 STREET ADDRESS	7770 SE FEDERAL HWY.			
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP	HOBE SOUND, FL 33455			
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SHAUL, RICHARD		4.2 NAME				
STREET ADDRESS	7770 SE FEDERAL HWY		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRANKS, GEORGE		5.2 NAME	300002583723			
STREET ADDRESS	7770 SE FEDERAL HWY		5.3 STREET ADDRESS	-07/09/98--01005--016			
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP	***150.00			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	LAMBERT, ROBERT		6.2 NAME	JAMES MITCHELL			
STREET ADDRESS	7770 SE FEDERAL HWY		6.3 STREET ADDRESS	7770 SE FEDERAL HWY.			
CITY-ST-ZIP	HOBE SOUND FL		6.4 CITY-ST-ZIP	HOBE SOUND, FL 33455			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

CR2E034 (10/97)