
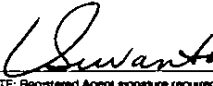
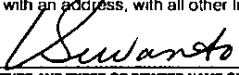


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90064 007 ****70.00

DOCUMENT # N00909 1. Entity Name SIXTH AVENUE MOBILE HOME OWNERS CORPORATION INC.					
Principal Place of Business 5525 JENNIE STREET CLUB HOUSE ZEPHYRHILLS, FL 33542-6832 US				Mailing Address 5547 EUGENE DRIVE ZEPHYRHILLS, FL 33542 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5547 EUGENE DR Suite, Apt. #, etc.			
City & State Zip		City & State ZEPHYRHILLS, FL. Zip 33542		4. FEI Number 59-2649819 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUVANTO, LYNN 5547 EUGENE DRIVE ZEPHYRHILLS, FL 33542			7. Name and Address of New Registered Agent Name LYNN SUVANTO Street Address (P.O. Box Number is Not Acceptable) 5547 EUGENE DR City ZEPHYRHILLS FL Zip Code 33542		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: LYNN SUVANTO  MARCH 23, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUGHN, RICK 5553 LARRY ST ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DON MILLER 5514 EUGENE DRIVE ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, JOHN 5549 LAURA ST ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARRY CLINGERMAN 5553 JENNIE ST. ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUVANTO, LYNN 5547 EUGENE DR ZEPHYRHILLS, FL 335426832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARGENT, FLOYD 5512 LAURA ST ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNING, RON 5535 BETHANY LOOP ZEPHYRHILLS, FL 335426832 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN MACK 5603 JENNIE ST. ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, JOHN 5603 JENNIE ST ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  LYNN SUVANTO MAR 23/05 813-715-0018 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					