

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90037 029 \*\*\*\*70.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N00909</b><br>1. Entity Name<br>SIXTH AVENUE MOBILE HOME OWNERS CORPORATION INC.   |   |   |  |   |  |
| Principal Place of Business<br>5525 JENNIE STREET<br>CLUB HOUSE<br>ZEPHYRHILLS, FL 33542-6832 US   |   |   | Mailing Address<br>5547 EUGENE DRIVE<br>ZEPHYRHILLS, FL 33542 US |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br>59-2649819   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |   |   |  | 7. Name and Address of New Registered Agent   |  |
| SUVANTO, LYNN<br>5547 EUGENE DRIVE<br>ZEPHYRHILLS, FL 33542  |   |   |  | Name <u>BERNARD JORAE</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>5538 LARRY ST.</u><br><u>ZEPHYR HILLS</u><br>City <u>FL</u> Zip Code <u>33542</u> |  |
| 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 <u>BERNARD JORAE</u> <u>Bernard Jorae</u> <u>02/24/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>  |   |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>MILLER, DON<br>5514 EUGENE DRIVE<br>ZEPHYRHILLS, FL 33542    | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>CLINGERMAN, LARRY<br>5553 JENNIE ST<br>ZEPHYRHILLS, FL 33542 | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>SUVANTO, LYNN<br>5547 EUGENE DR<br>ZEPHYRHILLS, FL 335426832 | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SARGENT, FLOYD<br>5512 LAURA ST<br>ZEPHYRHILLS, FL 33542     | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MACK, JOHN<br>5603 JENNIE ST<br>ZEPHYRHILLS, FL 33542        | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MACK, JOHN<br>5603 JENNIE ST<br>ZEPHYRHILLS, FL 33542        | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>LINDA GRIFFITH<br>5509 LAURA ST<br>ZEPHYR HILLS FLA 33542    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BERNARD JORAE<br>5538 LARRY ST<br>ZEPHYR HILLS FLA 33542     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOYCE ATKINSON<br>5611 LAURA ST<br>ZEPHYR HILLS FLA 33542    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>BERNARD JORAE</u> <u>Bernard Jorae</u> <u>02/24/06</u> <u>813-782-7587</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |   |  |

ATTACHMENT

20012096

# N00909

D

DOLORES LARIVE

5605 LAURA ST

ZEPHYR HILLS FLA 33542

D

D. SHIRLEY BOONE

5551 ANNETTE

ZEPHYR HILLS FLA 33542

D

LARRY CLINGERMAN

5553 JENNIE ST

ZEPHYR HILLS FLA 33542