2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90085 032 ****61.25

DOCUMENT # N00909

1. Entity Name
SIXTH AVENUE MOBILE HOME OWNERS CORPORATION INC.

Principal Place of Business	Mailing Address
5525 JENNIE STREET CLUB HOUSE ZEPHYRHILLS, FL 33542-6832 US	5547 EUGENE DRIVE ZEPHYRHILLS, FL 33542 US

02272007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	5508 Laura St. Suite, Apt. #, etc
City & State	City & State: Zephyrhills, FL
Zip / Country	Zip: 33542 / Country: USA

4. FEI Number: 59-2649819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORAE, BERNARD 5538 LARRY ST ZEPHYRHILLS, FL 33542	Name: Beatrice Keresey Street Address (P.O. Box Number is Not Acceptable): 5508 Laura St. City: Zephyrhills, FL 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: Beatrice M. Keresey 3-6-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$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 MILLER, DON 5514 EUGENE DRIVE ZEPHYRHILLS, FL 33542	☐ Delete	P Clingerman, Larry 5553 Jennie St. Zephyrhills, FL 33542	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GRIFFITH, LINDA 5509 LAURA ST ZEPHYRHILLS, FL 33542	☐ Delete	VP Younglove, Patricia 5602 Annette St. Zephyrhills, FL 33542	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JORAE, BERNARD 5538 LARRY ST ZEPHYRHILLS, FL 33542	☐ Delete	S Thayer, James 5611 Jennie St. Zephyrhills, FL 33542	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SARGENT, FLOYD 5512 LAURA ST ZEPHYRHILLS, FL 33542	☒ Delete	T Atkinson, Joyce 5611 Laura St. Zephyrhills, FJ 33542	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATKINSON, JOYCE 5611 LAURA ST ZEPHYRHILLS, FL 33542	☐ Delete	D Miller, Don 5524 Eugene Dr. Zephyrhills, FL 33542	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACK, JOHN 5603 JENNIE ST ZEPHYRHILLS, FL 33542	☒ Delete	D Jorae, Bernard 5538 Larry St. Zephyrhills, FL 33542	☒ Change ☐ 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: Larry Clingerman 3-6-07 813 782 4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SIXTH AVENUE MOBILE HOME OWNERS CORPORATION INC.

ATTACHMENT

40033093

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City **FL** Zip Code

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #