CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01551 (3)

1. Corporation Name

MOBILE PINELLAS TENANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5701 HAINES RD., N. LOT 212 ST. PETERSBURG FL 33714-1975 US	5701 HAINES RD., N. LOT 212 ST. PETERSBURG FL 33714-1975 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1984
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2481018 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 5701 HAINES RD N	2a. Mailing Address 26 5701 HAINES RD N
Suite/Apt. #, etc. 22 LOT 325	Suite, Apt. #, etc. 27 LOT 325
City & State 23 ST PETERSBURG FL	City & State 28 ST PETERSBURG FL
Zip / Country 24 33714-1975 25 USA	Zip / Country 29 33714-1975 30 USA

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEDDLE, PEGGY
5701 HAINES RD.
LOT 722
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name: HOUCH, MARGARET
82 Street Address (P.O. Box Number is Not Acceptable): 5701 HAINES RD N
83: LOT 422
84 City: ST PETERSBURG FL 85 Zip Code: 33714-1975

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: Margaret Nourse — 3/18/95
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	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	BRUNO, BETTY S	1.2 NAME	JEAN CHURCHILL	
STREET ADDRESS	5701 HAINES RD. #212	1.3 STREET ADDRESS	5701 HAINES RD N. # 325	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33714-1975	
TITLE	DV	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	KRUEGER, ESTHER	2.2 NAME	MARY L. BOOLEY	
STREET ADDRESS	5701 HAINES ROAD, #517	2.3 STREET ADDRESS	5701 HAINES RD N # 704	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714-1975	
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNELL, JOSEPHINE	3.2 NAME		
STREET ADDRESS	5701 HAINES ROAD, #216	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	KRUEGER, ALBERT	4.2 NAME		
STREET ADDRESS	5701 HAINES RD LOT 517	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	DC	5.1 TITLE	DC.	☑ Change ☐ Addition
NAME	WEDDLE, PEGGY	5.2 NAME	MARGARET HOUCH	
STREET ADDRESS	5701 HAINES RD LOT 722	5.3 STREET ADDRESS	5701 HAINES RD N # 422	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST PETERSBURG FL 33714-1975	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JAMES	6.2 NAME		
STREET ADDRESS	5701 HAINES RD., LOT. 221	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert Krueger — Feb. 22, 1995 — 527-4569
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0066380