NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **N01551** **(3)**

1. Corporation Name

MOBILE PINELLAS TENANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5701 HAINES RD.. N. LOT 325 ST. PETERSBURG FL 33714-1975 US	5701 HAINES RD.. N. LOT 325 ST. PETERSBURG FL 33714-1978 US

3. Date Incorporated or Qualified: 02/21/1984
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business
21 5701 Haines Rd. N
Suite, Apt. # etc.
22 Lot 718
City & State
23 St. Petersburg, FL
Zip 24 33714 Country 25 Pinellas

2a. Mailing Address
26 5701 Haines Road
Suite, Apt. #, etc.
27 Lot 718
City & State
28 St. Petersburg, FL
Zip 29 33714 Country 30 Pinellas

4. FEI Number: 59-2481018 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOUGH, MARGARET
5701 HAINES RD.
LOT 422
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CHURCHILL, JEAN		1.2 NAME	Landon, Charles Jr.	
STREET ADDRESS	5701 HAINES RD N #325		1.3 STREET ADDRESS	5701 Haines Rd. N. # 718	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, Florida 33714	
TITLE	DV	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BRUNO, BETTY S.		2.2 NAME	Churchill, Jean	
STREET ADDRESS	5701 HAINES ROAD NORTH #121		2.3 STREET ADDRESS	5701 Haines Road, N #325	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, Fl 33714	
TITLE	DS	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, MAYME		3.2 NAME	O'Connell, Josephine	
STREET ADDRESS	5701 HAINES ROAD		3.3 STREET ADDRESS	5701 Haines Road, N 216	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	TD	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOUGH, MARGARET		5.2 NAME		
STREET ADDRESS	5701 N HAINES RD #422		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MARTIN, JAMES		6.2 NAME	McDaniel, Glenna	
STREET ADDRESS	5701 HAINES RD., LOT. 221		6.3 STREET ADDRESS	5701 Haines Road, N. 503	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	St. Petersburg, FL 33714	

CR2E037 (9/96)

14. I do 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 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 Albert Krueger - Treasurer (813) 527-4569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051041