

ANNUAL REPORT

1995

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONSFLORIDA  
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DIVISION OF CORPORATIONS

95 FEB 27 PM 3:16

DOCUMENT # NO1859 (0)

1. Corporation Name

BOWLEES CREEK MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6918 14TH ST W #40  
C/O KAREN PERKINS  
BRADENTON FL 342076918 14TH ST W #40  
C/O KAREN PERKINS  
BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1984

3a. Date of Last Report

01/26/1994

4. FEI Number

59-2372683

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status☒\$68.75 Supplemental  
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERKINS, KAREN  
6918 14TH ST W #40  
BOWLEES CREEK MOBILE  
BRADENTON FL 34207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |
|-----------------|--------------------------|
| TITLE           | P                        |
| NAME            | HUGHES, EDWARD           |
| STREET ADDRESS  | BOWLESS CRK MOBILE #33   |
| CITY - ST - ZIP | BRADENTON FL             |
| TITLE           | STD                      |
| NAME            | PERKINS, KAREN           |
| STREET ADDRESS  | BOWLEES CRK MOBILE HM 40 |
| CITY - ST - ZIP | BRADENTON FL             |
| TITLE           | D                        |
| NAME            | BRALEY, KENNETH          |
| STREET ADDRESS  | BOWLEES CRK MOBILE #35   |
| CITY - ST - ZIP | BRADENTON FL             |
| TITLE           | VD                       |
| NAME            | BRAYTON, CARL            |
| STREET ADDRESS  | BOWLEES CRK MOBILE HM 64 |
| CITY - ST - ZIP | BRADENTON FL             |
| TITLE           | D                        |
| NAME            | CHOEMAKER, MURRAY        |
| STREET ADDRESS  | BOWLEES CREEK M.H.P. #27 |
| CITY - ST - ZIP | BRADENTON FL 34207       |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

|                    |                          |                                                                              |
|--------------------|--------------------------|------------------------------------------------------------------------------|
| 11 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |                          |                                                                              |
| 13 STREET ADDRESS  |                          |                                                                              |
| 14 CITY - ST - ZIP |                          |                                                                              |
| 21 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                          |                                                                              |
| 23 STREET ADDRESS  |                          |                                                                              |
| 24 CITY - ST - ZIP |                          |                                                                              |
| 31 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                          |                                                                              |
| 33 STREET ADDRESS  |                          |                                                                              |
| 34 CITY - ST - ZIP |                          |                                                                              |
| 41 TITLE           | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            | DONNA WILLIAMS           |                                                                              |
| 43 STREET ADDRESS  | BOWLEES CREEK M. HM. #49 |                                                                              |
| 44 CITY - ST - ZIP | BRADENTON, FL. 34207     |                                                                              |
| 51 TITLE           | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            | KENNETH KANE             |                                                                              |
| 53 STREET ADDRESS  | BOWLEES CREEK M. HM. #61 |                                                                              |
| 54 CITY - ST - ZIP | BRADENTON, FL. 34207     |                                                                              |
| 61 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                          |                                                                              |
| 63 STREET ADDRESS  |                          |                                                                              |
| 64 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 110.07(3)(g), 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: *Karen Perkins (KAREN PERKINS, SEC.)*

2/17/95

813-755-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Explain Reason