

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90111 028 ***61.25

DOCUMENT # N01989 1. Entity Name OAKSIDE MOBILE HOME PARK, INC.			
Principal Place of Business 6051 PLEASANT ST ZEPHYRHILLS FL 33540 US		Mailing Address 6051 PLEASANT ST ZEPHYRHILLS FL 33540 US	
2. Principal Place of Business 6121 Pleasant St. Suite, Apt. #, etc.		3. Mailing Address 6121 Pleasant St. Suite, Apt. #, etc.	
City & State Zephyrhills FL Zip 33542		City & State Zephyrhills FL Zip 33542	
Country Pasco		Country Pasco	
4. FEI Number 59-2059483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POOLE, MAURICE 6051 PLEASANT ST ZEPHYRHILLS FL 33540		7. Name and Address of New Registered Agent Name Richard L. Johnson Street Address (P.O. Box Number is Not Acceptable) 6121 Pleasant St. City Zephyrhills 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 <u><i>Richard L. Johnson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD MAIN, KEN 6151 PLEASANT ST ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Jim JOrgensen 6133 LINNET ST. Zephyrhills, FL 33542	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD JORGENSEN, JIM 6133 LINNET ST ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD B.11 Jacobs 6209 PLEASANT ST. Zephyrhills, FL 33542	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD WARNERS, JANE 6152 LINNET STREET ZEPHYRHILLS FL 33540	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD SHAFFER, BARBARA 6123 CAMEO STREET ZEPHYRHILLS FL 33540	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD STAUFFER, JEAN 6215 PEARLK ST ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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><i>Richard L. Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-14-05 813/788-4459 <small>Date Daytime Phone #</small>	