2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 06, 2006 8:00 am **Secretary of State** DOCUMENT # N01989 03-06-2006 90033 015 ****61.25 OAKSIDE MOBILE HOME PARK, INC. Principal Place of Business Mailing Address 6121 PLEASANT ST 6121 PLEASANT ST ZEPHYRHILLS FL 33542 ZEPHYRHILLS FL 33542 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-2059483 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 6121 PLEASANT ST ZEPHYRHILLS FL 33542 Zip Code 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. (NOTE Registered Agent signature required when reinstating) Signature, lypnolor printed name of registered agent and title diapplicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Director PD TITLE ☐ Delete TITLE Change Change Addition Addition Richard L. Johnson JORGENSON, JIM NAME NAME 6133 LINNETI ST STREET ADDRESS 6121 Pleasant St. STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-ST-ZIP Zephyrhills FL 33540 Vice President/ Director CITY-ST-ZIP TITLE VD Delete TITLE ☐ Channe Addition Virginia Jackson JACOBS, BILL NAME NAME 9 Pearl st. STREET ADDRESS 6209 PLEASANT ST STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-ST-ZIP Zephyzhills, FL 33542 TITLE ☐ Delete TITLE ☐ Change **Addition** Lavern Blocher WARNERS, JANE NAME NAME 6204 Cameo St. STREET ADDRESS 6152 LINNET STREET STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-7IP ■ Addition RITLE Delete TITLE ☐ Change SHAFER, BARBARA NAME NAME 6123 CAMEO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ZEPHYRHILLS FL 33540 CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X Richard L. John SON DIFECTOR

CITY-ST-ZIP

FILED