

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
Mar 27 1997 8:00 am  
Secretary of State

DOCUMENT # **N02459** (8)

1. Corporation Name

**GEM ESTATES MOBILE HOME VILLAGE ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**39412 ELGIN DRIVE  
ZEPHYRHILLS FL 33540**

**39412 ELGIN DRIVE  
ZEPHYRHILLS FL 33540-4770**



3. Date Incorporated or Qualified  
**04/10/1984**

3a. Date of Last Report  
**05/15/1996**

2. Principal Place of Business

2a. Mailing Address

21. **SAME**

26. **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

4. FEI Number  
**59-2391102**

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

10. Name and Address of New Registered Agent

**RIS, KENNETH D.  
2515 ROCKFORD AVENUE  
ZEPHYRHILLS FL 33540**

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 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

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 ☐ DELETE  
NAME **PD**  
STREET ADDRESS **VARNEY, SHERMAN**  
CITY- ST- ZIP **39407 ROCKFORD AVE.  
ZEPHYRHILLS FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE ☒ DELETE  
NAME **VPD**  
STREET ADDRESS **TIMM, ERV**  
CITY- ST- ZIP **39524 STERLING DR.  
ZEPHYRHILLS FL 33540**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VPD**  
2.3 STREET ADDRESS **Ed. Snow**  
2.4 CITY- ST- ZIP **39424 Sterling Dr.  
Zephyrhills, FL. 33540**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **OTT, LESTER**  
CITY- ST- ZIP **39625 SYCAMORE LANE  
ZEPHYRHILLS FL 33540**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **OTT, JOHANNA**  
CITY- ST- ZIP **39526 SYCAMORE LN  
ZEPHYRHILLS FL 33540**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **MARTINSON, HELEN**  
CITY- ST- ZIP **39625 ROCKFORD  
ZEPHYRHILLS FL 33540**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☒ DELETE  
NAME **TR**  
STREET ADDRESS **ROBERT MARTINSON**  
CITY- ST- ZIP **39433 DUNDEE RD  
ZEPHYRHILLS FL 33540**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **TR**  
6.3 STREET ADDRESS **Ed. Morehouse**  
6.4 CITY- ST- ZIP **39424 Rockford Ave.  
Zephyrhills, FL. 33540**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Helen M. Martinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/97** **813-782-2824**  
Date Daytime Phone # **0045744**

CR2E037 (9/96)

D.  
Robert Wagner  
39512 Sterling  
Zephyrhills, Fl. 33540

D.  
Sheila Smith  
39513 Sterling Dr.  
Zephyrhills. Fl. 33540

D.  
Fred Bowden  
39418 Rockford Ave.  
Zephyrhills, Fl. 33540

D.  
Herbert Massoll  
39353 Dundee Rd.  
Zephyrhills, Fl. 33540