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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02459 (8)
1. Corporation Name
GEM ESTATES MOBILE HOME VILLAGE ASSOCIATION, INC



Principal Place of Business 39412 ELGIN DRIVE ZEPHYRHILLS FL 33540	Mailing Address 39412 ELGIN DRIVE ZEPHYRHILLS FL 33540
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2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	30

3. Date Incorporated or Qualified 04/10/1984
4. FEI Number 59-2391102
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent RIS, KENNETH D. 2515 ROCKFORD AVENUE ZEPHYRHILLS FL 33540	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VARNEY, SHERMAN
STREET ADDRESS	39407 ROCKFORD AVE.
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	VPD
NAME	SNOW, ED
STREET ADDRESS	39424 STERLING DR
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	VPD
NAME	OTT, LESTER
STREET ADDRESS	39625 SYCAMORE LANE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	S
NAME	OTT, JOHANNA
STREET ADDRESS	39526 SYCAMORE LN
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	T
NAME	MARTINSON, HELEN
STREET ADDRESS	39625 ROCKFORD
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	TR
NAME	MOREHOUSE, ED
STREET ADDRESS	39424 ROCKFORD AVE
CITY-ST-ZIP	ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Snow, Ed.
1.3 STREET ADDRESS	39424 Sterling Dr.
1.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540
2.1 TITLE	VPD 1st.
2.2 NAME	Gamlen, Rosemary
2.3 STREET ADDRESS	39450 Rockford Ave.
2.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540
3.1 TITLE	VPD 2nd.
3.2 NAME	Edwards, Bernice
3.3 STREET ADDRESS	39406 Dundee Rd.
3.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540
4.1 TITLE	S
4.2 NAME	Cook, Patricia
4.3 STREET ADDRESS	39652 Elgin St.
4.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D.
6.2 NAME	Morehouse, Ed.
6.3 STREET ADDRESS	39424 Rockford Ave. 33540
6.4 CITY-ST-ZIP	Zephyrhills, Fl.

14. 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 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 _____

CR2E037 (1097)

LIST TITLES

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Additional
Directors:

Robert Wagner
39512 Sterling
Zephyrhills, Fl. 33540

Sheila Smith
39513 Sterling
Zephyrhills, Fl. 33540

Ray Gordner
39607 Sycamore Lane
Zephyrhills. Fl. 33540

Clarence Connon *(Connon)*
39400 Dundee Rd.
Zephyrhills. Fl. 33540

Ed. Joyce
39432 Sterling Dr.
Zephyrhills. Fl. 33540

Sherman Varney
39407 Rockford Ave.
Zephyrhills. Fl. 33540