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

DOCUMENT #
1. Corporation Name

N02817

(7)

SARASOTA MOBILE HOME PARK CLUB, INC.

Principal Place	of Business	Mailing Address								
2100 SM HP #1423		2100 SM HP #1423								
SARASOTA FL 34237		SARASOTA FL 34237-7035			3. Date incorporated or Qualified					
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 65-0045127			plied For	
21		26				00'0040 127			t Applicable	
Suite, Apt #	V, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	1	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country 25	Zip	30	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24		25 29 30 Name and Address of Current Registered Agent				10. Name and Address of New Rej				
				81	Name					
	HARVEY			82	Street /	Address (P.O. Box Number is Not Acceptab	le)			
	rasota mobole home park		83							
LOT 23-1				03						
SARASU	TA FL 34237			84	City		FL	85 Zip	Code	
11 Pursuant to	o the provisions of Sections 617.050	2 and 617.1508. Florida Statu	utes, the a	pove	-named	corporation submits this statement for the p		changing i	ts registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was	authorize	d by	the corp	corporation submits this statement for the poration's board of directors. I hereby accep	t the appo	pintment as	registered	
•	it tallillar with, and accept the beinge	ations of, occition on todos, i	ionaa ota		•	•				
SIGNATURE _	Signature typed or printed name of registered age	nt and title if applicable. (NC)TE: Registere	d Age	nt signature	required when reinstating)	DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		Addition	
TITLE	CO-P	⋈ DELETE	1.1 Ti			GO D		Change	AOGIEGII	
NAME	JACOBSON, EARL		1.2 N			CO-P				
STREET ADDRESS	16TH ST. LOT 18				ADDRESS	PILEEN MASON				
CITY - ST - ZIP	SARASOTA FL 34237	DELETE	1.4 C 2.1 To	ITY - SI	1-21P	SARA SOTA FL. 942	97	Change	Addition	
TITLE	· •			AME		- ·			,	
NAME	JEAN PINCH 19TH ST LOT 10				ADDRESS					
STREET ADDRESS	SARASOTA FL			CITY-S						
CITY-ST-ZIP TITLE	SD	DELETE	3.1 T					Change	Addition	
NAME	RUTH SESSA		3.2 N	IAME						
STREET ADDRESS	2ND ST LOT 39		3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		3.4. (CITY-S	T-ZIP			_		
TITLE	TD	DELETE	4.1 T	iTLE				Change	Addition	
NAME	PINCH, JEAN		4.21	NAME						
STREET ADDRESS	19TH STREET LOT 10				address	·				
CITY-ST-ZIP	SARASOTA FL			HY-S	7-ZIP		·	Change	Addition	
TITLE	D	☐ DELETE	5.1 T					Change	Addition	
NAME	BEA HOUSTON			iame 						
STREET ADDRESS	16 ST LOT 31				ADDRESS	8				
CITY-ST-ZIP	SARASOTA FL	DELETE	5.4 C 6.1 T	ITY-S	1 - 2IP			☐ Change	☐ Addition	
TITLE	P HADNEY DENNIG	_ ottet		AME						
NAME	HARVEY DENNIS				ADDRESS	1				
STREET ADDRESS	14 ST LOT 23									
CITY-ST-ZIP	SARASOTA FL	at the state of th		CITY-S		trated in Section 119 07/3\(\text{ii}\) Florida Statuta	e I further	certify the	t the	

14. I do hereby certify that the information supplied with this filling 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

TURE AND TYPED OR HRINTED NAME OF SIGNING OFFICER OR DIRECTOR

tel. 12,1997

Daytime Phone # 0063353

FILED

Secretary of State

Feb 19 1997 8:00 am