2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000008301

1. Entity Name

BOWLEE'S CREEK MOBILE HOME PARK ASSOCIATION, INC.



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

6918 14TH ST. WEST

LOT 21

BRADENTON, FL 34207

Mailing Address

6918 14TH ST. WEST

LOT 21

BRADENTON, FL 34207



04262005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 20-1615923 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TROSPER, CYNDIE 6918 14TH ST. WEST LOT 63 BRADENTON, FL 34207

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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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent				required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D VENIT, WILLIAM B 323 SUWANNEE AVE. SARASOTA, FL 34243				U00000358494 05/04/05-80115-023 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROARK, MARK 6918 14TH ST. WEST LOT 44 BRADENTON, FL 34207			03/04/03-00113-023 61.23		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMKIN, ROGER 6918 14TH ST. WEST LOT 15 BRADENTON, FL 34207			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMER, BETH 6918 14TH ST. WEST LOT 02 BRADENTON, FL 34207		- <u>-</u>	IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN, MARK 6918 14TH ST. WEST LOT 26 BRADENTON, FL 34207					
TITLE NAME STREET ADDRESS CITY-ST-789						

12. I 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 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 otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 941-351-5265

Daytime Phor