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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N03154 (4)

1. Corporation Name

MOCKINGBIRD HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

38100 BLACKBIRD LN  
ZEPHYR HILLS FL 33540  
US

Mailing Address

38100 BLACKBIRD LN  
ZEPHYR HILLS FL 33540-3946  
US

3. Date Incorporated or Qualified  
05/17/1984

3a. Date of Last Report  
04/12/1996

2. Principal Place of Business

21 3820a RAVEN RD.

2a. Mailing Address

26 3820a RAVEN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Zephyr Hills Fl.

City & State

28 Zephyrhills Fl.

Zip

24 33540

Country

25 PASCO

Zip

29 33540

Country

30 PASCO

4. FEI Number  
65-0022861

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

RUSSELL WHITACRE  
38100 BLACKBIRD LN  
ZEPHYR HILLS FL 33540

10. Name and Address of New Registered Agent

81 Name RUTH A. WAGNER  
82 Street Address (P.O. Box Number is Not Acceptable)  
3820a RAVEN RD.  
83 Mockingbird M.H.P.  
84 City Zephyrhills FL 85 Zip Code 33540

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: RUTH A. WAGNER

Signature, typed or printed name of registered agent and title if applicable.

Ruth A. Wagner

(NOTE: Registered Agent signature required when reinstating)

3-1-97

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE  
NAME COX, LOUIS  
STREET ADDRESS 38107 RAVEN ROAD  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE VPD ☐ DELETE  
NAME EUGENE HENDERSON  
STREET ADDRESS 38039 RAVEN ROAD  
CITY-ST-ZIP ZEPHYR HILLS FL

TITLE PD ☐ DELETE  
NAME WHITACRE, RUSSELL  
STREET ADDRESS 38100 BLACKBIRD LANE  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE TD ☐ DELETE  
NAME LOUIS COX  
STREET ADDRESS 38107 RAVEN ROAD  
CITY-ST-ZIP ZEPHYR HILLS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD. ☒ Change ☐ Addition  
1.2 NAME RUTH A WAGNER  
1.3 STREET ADDRESS 3820a RAVEN RD. - Mockingbird M.H.P.  
1.4 CITY-ST-ZIP Zephyr. Hills Fl. 33540

2.1 TITLE VPD. ☒ Change ☐ Addition  
2.2 NAME LEE Jenkins.  
2.3 STREET ADDRESS 8140 Purple MARTIN Rd.  
2.4 CITY-ST-ZIP Zephyr Hills Fl. 33540

3.1 TITLE Sec. ☒ Change ☐ Addition  
3.2 NAME Nita Craine  
3.3 STREET ADDRESS 38035 RAVEN Rd.  
3.4 CITY-ST-ZIP Zephyrhills Fl. 33540

4.1 TITLE Tres. ☒ Change ☐ Addition  
4.2 NAME Benjamin Kammerer  
4.3 STREET ADDRESS 38145 RAVEN RD.  
4.4 CITY-ST-ZIP Zephyrhills Fl. 33540

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: RUTH A. WAGNER Ruth A. Wagner 3-1-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045783

CR2E037 (9/96)