2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002418

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SEMINOLE, FL 33772

SNOWDEN, RALPH

SEMINOLE, FL 33772

() Delete

8667 SEMINOLE BOULEVARD LOT 6

FILED Aug 07, 2007 Secretary of State

Entity Name: FLORIDA MOBILE HOME PARK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8667 SEMINOLE BOULEVARD LOT 48 SEMINOLE, FL 33772 **New Mailing Address: Current Mailing Address:** 8667 SEMINOLE BOULEVARD LOT 48 SEMINOLE, FL 33772 FEI Number: 20-4347654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GREER, DAVID CARPENTER, DAVID 8667 SEMINOLE BOULEVARD 8667 SEMINOLE BOULEVARD LOT 48 LOT 48 SEMINOLE, FL 33772 US SEMINOLE, FL 33772 US 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. SIGNATURE: DAVID CARPENTER 08/07/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GREER, DAVID CARPENTER, DAVID Name: Name: 8667 SEMINOLE BOULEVARD LOT 48 Address: 8667 SEMINOLE BOULEVARD LOT 48 Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772 Title: Title: (X) Change () Addition () Delete Name: HINDLEY, CAL Name: GREER, CHARLOTTE Address: 8667 SEMINOLE BOULEVARD LOT 7 Address: 8667 SEMINOLE BOULEVARD LOT 48 City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772 Title: () Delete Title: () Change () Addition HART, JEANNIE Name: Name: Address: 8667 SEMINOLE BOULEVARD LOT 40 Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: MARTIN, STEWART Name: GREGORY, HUBERT 8667 SEMINOLE BOULEVARD LOT 15 8667 SEMINOLE BOULEVARD LOT 39 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SEMINOLE, FL 33772

() Change () Addition

SIGNATURE: CHARLOTTE GREER T 08/07/2007