


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90196 032 \*\*\*\*61.25

<b>DOCUMENT # N06403</b> 1. Entity Name <b>PARK CITY WEST MOBILE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>10550 W. STATE ROAD 84 - BOX 390 (CLUB HOUSE) DAVIE, FL 33324 US</b>			Mailing Address <b>10550 W. STATE ROAD 84 - BOX 390 (CLUB HOUSE) DAVIE, FL 33324 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOFFER, ANGELA P</b> <b>10550 W. STATE ROAD 84</b> <b>LOT 213</b> <b>DAVIE, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>AUGER, GUY</b> <b>10550 W STATE RD 84 LOT 28</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PASS, GERALD</b> <b>10550 W. STATE RD 84 LOT 208 / 69</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TRANCHIDA, JOE</b> <b>10550 W STATE RD 84 LOT 284</b> <b>DAVIE, FL 33324</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SETARCH, DON</b> <b>10550 W. STATE RD 84 - LOT 147</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOFFER, ANGELA</b> <b>10550 W. STATE ROAD 84 - LOT#213</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROBERTS, JOANNE</b> <b>10550 W. SR 84 LOT 286</b> <b>DAVIE, FL 33324</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Mac, James</b> <b>10550 W. State Rd 84 Lot 336</b> <b>DAVIE, FL 33324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LeCount, Jill</b> <b>10550 W. State Rd 84 Lot 72</b> <b>DAVIE, FL 33324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-22-06</b> <small>Date</small>		<b>954-473-9142</b> <small>Daytime Phone #</small>	