


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90072 036 ****61.25

DOCUMENT # N06403 1. Entity Name PARK CITY WEST MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 10550 W. STATE ROAD 84 LOT 169 DAVIE, FL 33324 US			Mailing Address 10550 W. STATE ROAD 84 LOT 169 DAVIE, FL 33324 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOFFER, ANGELA P 10550 W. STATE ROAD 84 LOT 213 DAVIE, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Angela P. Hoffer, Treas.</u> <u>1/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE					
Filing Fee is \$67.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD SINGLETON, DAN 10550 W. STATE RD 84 LOT 36 DAVIE, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PASS, GERALD 10550 W. STATE RD 84 LOT 169 DAVIE, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOE, JAMES 10550 W STATE RD 84 LOT 338 DAVIE, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SETARCH, DON 10550 W. STATE RD 84- LOT 147 DAVIE, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOFFER, ANGELA 10550 W. STATE ROAD 84 - LOT#213 DAVIE, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LACOUNT, JILL 10550 W STATE RD 84 LOT 72 DAVIE, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEARCH, DON ADDRESS - SAME AS IN 10.				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LE COUNT, JILL ADDRESS - SAME AS IN 10.				
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.					
SIGNATURE: <u>Angela P. Hoffer, Treas.</u> <u>1/15/08</u> <u>954-473-2367</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40007789

THE NAMES ARE
MISSPELLED

THE ADDRESSES ARE
CORRECT —

SEARCH, DON

LE COUNT, JILL

(TWO WORDS)
