2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N06403

Entity Name: PARK CITY WEST MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10550 W. STATE ROAD 84
LOT 169
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

10550 W. STATE ROAD 84
LOT 169
DAVIE, FL 33324 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFER, ANGELA P
10550 W. STATE ROAD 84
LOT 213
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: BOD ( ) Delete
Name: SINGLETON, DAN
Address: 10550 W. STATE RD 84 LOT 36
City-St-Zip: DAVIE, FL 33324

Title: P ( ) Delete
Name: PASS, GERALD
Address: 10550 W. STATE RD 84 LOT 169
City-St-Zip: DAVIE, FL 33324

Title: VP ( ) Delete
Name: MOE, JAMES
Address: 10550 W STATE RD 84 LOT 336
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: SEARCH, DON
Address: 10550 W. STATE RD 84- LOT 147
City-St-Zip: DAVIE, FL 33324

Title: T ( ) Delete
Name: HOFFER, ANGELA
Address: 10550 W. STATE ROAD 84 - LOT#213
City-St-Zip: DAVIE, FL 33324

Title: S ( ) Delete
Name: LECOUNT, JILL
Address: 10550 W STATE RD 84 LOT 72
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BOD (X) Change ( ) Addition
Name: ROBERTS, JACK
Address: 10550 W. STATE RD 84 LOT 318
City-St-Zip: DAVIE, FL 33324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SHRIBNIK, SEYMOUR
Address: 10550 W STATE RD 84 LOT310
City-St-Zip: DAVIE, FL 33324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANGELIA HOFFER T 02/25/2009

Electronic Signature of Signing Officer or Director — Date