## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06403

FILED May 17, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

10550 W. STATE ROAD 84 LOT 169 10550 W. STATE ROAD 84

LOT 169 LOT 213

DAVIE, FL 33324 US DAVIE, FL 33324

Current Mailing Address: New Mailing Address:

10550 W. STATE ROAD 84 LOT 169 LOT 213 DAVIE, FL 33324 US DAVIE, FL 33324 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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 Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: BOD

Name: ROBERTS, JACK

Address: 10550 W. STATE RD 84 LOT 318

City-St-Zip: DAVIE, FL 33324

Title: BOD

Name: SEARCH, DON

Address: 10550 W. STATE RD 84- LOT 147

City-St-Zip: DAVIE, FL 33324

Title: S/T

Name: HOFFER, ANGELA

Address: 10550 W. STATE ROAD 84 - LOT#213

City-St-Zip: DAVIE, FL 33324

Title: PRES

Name: LECOUNT, JILL

Address: 10550 W STATE RD 84 LOT 72

City-St-Zip: DAVIE, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: JILL R. LE COUNT PRES 05/17/2010