


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06755 (5) 1. Corporation Name VILLAGE OF TAMPA MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business VILLAGE MOBILE HOME PARK 1409 FOUR SEASONS BLVD TAMPA FL 33613			Mailing Address VILLAGE MOBILE HOME PARK 1409 FOUR SEASONS BLVD TAMPA FL 33613		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RICHARDSON, CONNIE E 1409 FOUR SEASONS BLVD. TAMPA FL 33613			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME SCHNURR, HERB STREET ADDRESS 1353 AUTUMN DR. CITY-ST-ZIP TAMPA FL 33613			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE PRESIDENT NAME MAHONEY, CAROL STREET ADDRESS 14510 WINTER DRIVE CITY-ST-ZIP TAMPA FL 33613			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE ST NAME RICHARDSON, CONNIE STREET ADDRESS 1409 FOUR SEASONS BLVD CITY-ST-ZIP TAMPA FL 33613			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D NAME VALENTINE, BILL STREET ADDRESS 14514 WINTER DR CITY-ST-ZIP TAMPA FL 33613			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D NAME EARL JACK STREET ADDRESS 1331 FOUR SEASONS BLVD CITY-ST-ZIP TAMPA FL 33613			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D NAME THOMSON, FRAN STREET ADDRESS 1428 FOUR SEASONS BLVD. CITY-ST-ZIP TAMPA FL 33613			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: CONNIE E. RICHARDSON

1/16/98

813-975-1145