


FILE NOW: FILING FEE IS \$61.25

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90104 018 ****61.25

US50584

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06755					
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	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/20/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHARDSON, CONNIE E 1409 FOUR SEASONS BLVD. TAMPA FL 33613				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 33613			

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 Edmund J. Rose DATE 3-23-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEANEY, ROBERT			1.2 NAME			
STREET ADDRESS	1232 AUTUMN DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613			1.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAHONEY, CAROL			2.2 NAME	Jerry Alan		
STREET ADDRESS	14510 WINTER DRIVE			2.3 STREET ADDRESS	1206 Autumn Dr		
CITY-ST-ZIP	TAMPA FL 33613			2.4 CITY-ST-ZIP	Tampa FL 33613		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, CONNIE			3.2 NAME			
STREET ADDRESS	1409 FOUR SEASONS BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SINCLAIRE, RAYMOND			4.2 NAME	Jim Crowley		
STREET ADDRESS	1235 AUTUMN DR			4.3 STREET ADDRESS	1375 Autumn Dr		
CITY-ST-ZIP	TAMPA FL 33613			4.4 CITY-ST-ZIP	Tampa FL 33613		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMSON, FRAN			5.2 NAME	Chris Gurno		
STREET ADDRESS	1428 FOUR SEASONS BLVD.			5.3 STREET ADDRESS	1261 Autumn Dr		
CITY-ST-ZIP	TAMPA FL 33613			5.4 CITY-ST-ZIP	Tampa FL 33613		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Edmund J. Rose		
STREET ADDRESS				6.3 STREET ADDRESS	1201 Four Seasons Blvd		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Tampa FL 33613		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edmund J. Rose SIGNATURE REQUIRED 3-23-99 813-577-6524
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)