FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08396 (6)

1. Corporation Name

PALM TRAILER PARK HOME OWNERS ASSOCIATION INCORP ORATED.

Principal Place of Business	Mailing Address
12000 N.E. 16TH AVE. LOT C316 NO. MIAMI FL 33161	12000 NE 16TH AVE NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

PRYOR, BUELAH
12000 NE 16TH AVENUE
LOT C 316
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

1. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Buelah M Pryor — Buelah Pryor — Feb. 16, 1995
(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	PD	1.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	KOLAKOWSKI, MARY LOU	1.2 NAME	TOUSIGNANT, ARMAND R.	
STREET ADDRESS	12000 NE 16TH AV M1105	1.3 STREET ADDRESS	12000 N.E. 16th Ave - C306	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33161	
TITLE	VP	2.1 TITLE V.P.	Kolakowski, Mary Lou	☒ Change ☐ Addition
NAME	TOUSIGNANT, ARMAND R.	2.2 NAME	12000 N.E. 16th Ave - M1105	
STREET ADDRESS	12000 NE 16TH AV C306	2.3 STREET ADDRESS	Miami, FL	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	33161	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	PRYOR, BUELAH	3.2 NAME		
STREET ADDRESS	12000 NE 16 AVE., C316	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	S.D.	☒ Change ☐ Addition
NAME	WALDMAN, ELLA	4.2 NAME	Lattouneau, Gilbert	
STREET ADDRESS	12000 NE 16TH AVE., A130	4.3 STREET ADDRESS	12000 N.E. 16th Ave A132	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33161	
TITLE	D	5.1 TITLE	Parliamentarian -	☐ Change ☒ Addition
NAME	HILTON, LENORE	5.2 NAME	Foster, Ken	
STREET ADDRESS	12000 N.E. 16 AVE. F611	5.3 STREET ADDRESS	12000 N.E. 16th Ave - A 102	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33161	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	YURKA, FRANK	6.2 NAME		
STREET ADDRESS	12000 NE 16TH AV B230	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Armand R. Tousignant — ARMAND R. TOUSIGNANT — Feb 16, 1995 — 305-893-5471
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0043868