

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08396 (6)

1. Corporation Name

PALM TRAILER PARK HOME OWNERS ASSOCIATION INCORPORATED.

Principal Place of Business

12000 N.E. 16TH AVE. LOT C-316
NO. MIAMI FL 33161

Mailing Address

12000 NE 16TH AVE *C-316*
NORTH MIAMI FL 33161



3. Date Incorporated or Qualified
03/27/1985

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PD
NAME TOUSIGNANT, ARMAND R
STREET ADDRESS 12000 NE 16TH AVE C306
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
1.2 NAME MARY LOU KOLAKOWSKI
1.3 STREET ADDRESS 18000 N.E. 16TH AVE. M-1105
1.4 CITY-ST-ZIP MIAMI, FL. 33161

TITLE VP
NAME KOLAKOWSKI, MARY L
STREET ADDRESS 12000 NE 16TH AVE M1105
CITY-ST-ZIP MIAMI FL ☒ DELETE

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME ALBERT DE BONIS
2.3 STREET ADDRESS 18000 N.E. 16TH AVE. C-311
2.4 CITY-ST-ZIP MIAMI, FL. 33161

TITLE TD
NAME PRYOR, BEULAH BEULAH
STREET ADDRESS 12000 NE 16 AVE., C316
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME LETOURNEAU, GILBERT
STREET ADDRESS 12000 NE 16TH AVE A122
CITY-ST-ZIP MIAMI FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME FOSTER, KEN
STREET ADDRESS 12000 NE 16TH AVE A102
CITY-ST-ZIP MIAMI FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME YURKA, FRANK
STREET ADDRESS 12000 NE 16TH AV B230
CITY-ST-ZIP MIAMI FL ☒ DELETE

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME THOMAS GRENIER
6.3 STREET ADDRESS 12000 N.E. 16TH AVE. K-905
6.4 CITY-ST-ZIP MIAMI, FL. 33161

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: *Beulah Pryor* BEULAH PRYOR

2/28/96

(305) 893-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)