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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:51

DOCUMENT # N08457 (6)

1. Corporation Name

THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
113 NE 51ST ST. POMPANO BCH FL 33064-3327 US	113 NE 51ST ST. POMPANO BCH FL 33064-3327 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1985
3a. Date of Last Report: 03/15/1994
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GEVURTZ, HAROLD
113 NE 51ST ST.
POMPANO BCH FL 33064

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

11. 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 _____ DATE
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SUTORUS, RON	1.2 NAME		
STREET ADDRESS	117 N. E. 51ST COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~ROOT, ROBERT~~	2.2 NAME	KENNEDY ANNE	
STREET ADDRESS	~~5020 NE 1ST TERR~~	2.3 STREET ADDRESS	4910 N.E. 1ST TERR.	
CITY-ST-ZIP	~~POMPANO BCH FL~~	2.4 CITY-ST-ZIP	POMPANO BCH., FL.	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MELORE, LARRY	3.2 NAME		
STREET ADDRESS	5013 NE 2ND AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GRATTON, GRAT	4.2 NAME		
STREET ADDRESS	5011 NE 2ND TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	KESPER, HENRY	5.2 NAME		
STREET ADDRESS	5008 NE 2ND AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	GEVURTZ, HAROLD	6.2 NAME		
STREET ADDRESS	113 NE 51ST ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH 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)(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.

SIGNATURE: HAROLD GEVURTZ SECY Harold Gevurtz 3/29/95 (954)421-0840
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #