

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N08457 (6)

1. Corporation Name

THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

413 NE 51ST ST.
POMPANO BCH FL 33064-3327
US

413 NE 51ST ST.
POMPANO BCH FL 33064-3327
US

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **5115 NE 1ST TER**

26 **5115 NE 1ST TER**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
POMPANO BEACH, FL.

28 City & State
POMPANO BEACH, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33064

25 Country
USA

29 Zip
33064

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **CAROL P. KOLB**
82 Street Address (P.O. Box Number is Not Acceptable)
5115 NE 1ST TERRACE
83 **POMPANO BEACH**
84 City **FL** 85 Zip Code **33064**

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 **CAROL P. KOLB, TREASURER**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/16/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☒ DELETE
NAME	SUTORIUS, RON	
STREET ADDRESS	117 N. E. 51ST COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	☐ DELETE
NAME	KENNEDY, ANNE	
STREET ADDRESS	4910 NE FIRST TERR 5111 NE 2nd Ter.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	☐ DELETE
NAME	MELORE, LARRY	
STREET ADDRESS	5013 NE 2ND AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	☒ DELETE
NAME	GRATTON, GRAT	
STREET ADDRESS	5011 NE 2ND TERR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	☐ DELETE
NAME	KESPER, HENRY	
STREET ADDRESS	5008 NE 2ND AVE.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	S	☒ DELETE
NAME	GEVURTZ, HAROLD	
STREET ADDRESS	113 NE 51ST ST.	
CITY-ST-ZIP	POMPANO BCH FL	

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	MARILYN ZERRENNER	
1.3 STREET ADDRESS	4921 NE 2ND AVE	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33064	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	MARCEL PLOTTE	
2.3 STREET ADDRESS	205 NE 50TH COURT	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33064	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	BOB BRUTHWHITE	
3.3 STREET ADDRESS	4916 NE 2ND TERRACE	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33064	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	ERLYN HOLLAND	
4.3 STREET ADDRESS	4916 NE 1ST TERRACE	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33064	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	BOB ROOT	
5.3 STREET ADDRESS	5020 NE 1ST TERRACE	
5.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33064	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	FRANK DALICANDRA	
6.3 STREET ADDRESS	5014 NE 2ND WAY	
6.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33064	

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: **HENRY W. KESPER** **HENRY W. KESPER** 4/16/96 426-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)