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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
5115 ~~NW~~ NE 1ST TERR POMPANO BEACH FL 33064 US	5115 ~~NW~~ NE 1ST TERR POMPANO BCH FL 33064 US

3. Date Incorporated or Qualified: **04/01/1985**
3a. Date of Last Report: **04/22/1996**

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:

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

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

9. **Name and Address of Current Registered Agent**

KOLB, CAROL P.
5115 ~~NW~~ NE 1ST TERR
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 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 _____ 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	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ZERRENNER, MARILYN		1.2 NAME	VINCENT MASSAROTTI	
STREET ADDRESS	4921 NE 2ND AVE		1.3 STREET ADDRESS	4901 NE 2ND Ter.	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KENNEDY, ANNE		2.2 NAME	FRANCES MORAN	
STREET ADDRESS	4910 NE FIRST TERR		2.3 STREET ADDRESS	204 NE 51ST Ct.	
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MELORE, LARRY		3.2 NAME	RON SUTORIUS	
STREET ADDRESS	5013 NE 2ND AVE		3.3 STREET ADDRESS	117 NE 51ST Ct.	
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HOLLAND, EVELYN		4.2 NAME	Bob Root	
STREET ADDRESS	4916 NE 1ST TERR		4.3 STREET ADDRESS	5020 NE 1ST Ter.	
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064	
TITLE	P	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KESPER, HENRY		5.2 NAME	BARRY JACKSON	
STREET ADDRESS	5008 NE 2ND AVE.		5.3 STREET ADDRESS	5015 NE 2nd Ter.	
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DALICANDRO, FRANK		6.2 NAME		
STREET ADDRESS	5014 NW 2ND WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Carol P. Kolb RECORDED Carol P. Kolb 3/25/97 954-481-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078840