

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -2 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N08470 (9)

1. Corporation Name

FLORIDIAN MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5018 SLEIGHBELL LANE  
NEW PORT RICHEY FL 34652  
US

7429 SNOWY LANE  
NEW PORT RICHEY FL 34652  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1985

3a. Date of Last Report

03/04/1994

4. FEI Number

59-2879567

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACINTOSH, FRANCES  
7429 SNOWY LANE  
NEW PORT RICHEY FL 34652

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS                             | CITY - ST - ZIP |
|-------|--------------------|--------------------------------------------|-----------------|
| P     | REED, GERRY        | 5105 SLEIGHBELL LANE<br>NEW PT RICHEY FL   |                 |
| S     | COVENEY, RUTH      | 5021 PRANCER LANE<br>NEW PORT RICHEY FL    |                 |
| T     | MACINTOSH, FRANCES | 7429 SNOWY LANE<br>HOLIDAY FL              |                 |
| D     | SCUTT, LILLIAN     | 5107 SLEIGHBELL LANE<br>NEW PORT RICHEY FL |                 |
| D     | PRIDEMORE, WILLIAM | 7441 SNOWY LANE<br>NEW PORT RICHEY FL      |                 |
| D     | PORTER, JOHN       | 7428 SNOWY LANE<br>NEW PORT RICHEY FL      |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
|-----------|----------|--------------------|---------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |

☐ Change ☐ Addition

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NEW PORT RICHEY, FL.

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-95

Date

813 -  
848 -1418

Register Number