

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34652-1173  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/01/1985</b>		3a. Date of Last Report <b>02/28/1996</b>	
21 <b>21</b>		26 <b>7426 SNOWY LANE</b>		4. FEI Number <b>59-2879567</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc. <b>UNIT # 18</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 <b>NEW PORT RICHEY FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		25 Country		29 <b>34652-1174</b>		30 <b>USA</b>	
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 <b>HURST ARTHUR</b>	85 Zip Code <b>FL 34652-1174</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7426 SNOWY LANE UNIT # 18</b>	
83 <b>NEW PORT RICHEY</b>	
84 City	

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 HURST ARTHUR V.P. Arthur Hurst FEB 10/14 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, GERRY</b>	1.2 NAME	<b>WOOD GEORGE</b>
STREET ADDRESS	<b>5105 SLEIGHBELL LANE</b>	1.3 STREET ADDRESS	<b>7444 SNOWFLAKE LANE</b>
CITY-ST-ZIP	<b>NEW PT RICHEY FL</b>	1.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COVENEY, RUTH</b>	2.2 NAME	
STREET ADDRESS	<b>5021 PRANCER LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACINTOSH, FRANCES</b>	3.2 NAME	<b>ISAACSON GEORVIAVE</b>
STREET ADDRESS	<b>7429 SNOWY LANE</b>	3.3 STREET ADDRESS	<b>7429 SNOWFLAKE LANE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCUTT, LILLIAN</b>	4.2 NAME	
STREET ADDRESS	<b>5107 SLEIGHBELL LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRIDEMORE, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>7441 SNOWY LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COVENEY, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>5021 PRANCER LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	6.4 CITY-ST-ZIP	

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: William Pridemore **PRIDEMORE, WILLIAM 813-845-1483**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0067910**

CR2E037 (9/96)