

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # ~~5470~~ **N08470**

1. Corporation Name

FLORIDIAN MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5018 Sleighbell Lane, New Port Richey, Florida, 34652	7426 Snowy Lane, Lot # 18, New Port Richey Florida, 34652

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
4/1/1985	59-2879567	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARTHUR HURST 7426 SNOWY LANE, LOT 18, NEW PORT RICHEY FLORIDA, 34652	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 *Arthur Hurst* ARTHUR HURST VICE PRES/TREASURER DATE March 24th 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
PRESIDENT		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GEORGE WOOD		2.2 NAME	
7442 SNOWFLAKE LN.		2.3 STREET ADDRESS	
NEW PORT RICHEY, FL 34652		2.4 CITY - ST - ZIP	
SECRETARY HOWARD CHANDLER		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5105 SLEIGHBELL LN.		3.2 NAME	
NEW PORT RICHEY, FL 34652		3.3 STREET ADDRESS	
VICE PRES/TREASURER		3.4 CITY - ST - ZIP	
ARTHUR HURST		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7426 SNOWY LN. NEW PORT RICHEY		4.2 NAME	
DIRECTOR WILLIAM MASKELL		4.3 STREET ADDRESS	
7429 SNOWFLAKE LN. LOT 26		4.4 CITY - ST - ZIP	
NEW PORT RICHEY, FL 34652		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR CHARLES HAGERMAN		5.2 NAME	
7429 SNOWY LANE,		5.3 STREET ADDRESS	
NEW PORT RICHEY, FL 34652		5.4 CITY - ST - ZIP	
DIRECTOR RAYMOND BOUCHARD		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5105 CHRISTMAS TREE LN.		6.2 NAME	
NEW PORT RICHEY, FL 34652		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I 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: *George Wood* GEORGE WOOD PRES. DATE: MARCH 24TH 1998 813-847-9412

CP2E037 (10/97)