

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90050 029 \*\*\*\*61.25

<b>DOCUMENT # N08470</b> 1. Entity Name <b>FLORIDIAN MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5018 SLEIGHBELL LANE NEW PORT RICHEY, FL 34652 US</b>			Mailing Address <b>416 LAKEWOOD DRIVE SWANTON, VT 05488 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>5018 SLEIGHBELL LN.</b>		3. Mailing Address <b>7420 SNOWY LN.</b> Suite, Apt. #, etc.			
City & State <b>NEW PORT RICHEY FL.</b>		City & State <b>NEW PORT RICHEY FL.</b>		4. FEI Number <b>59-2879567</b>	
Zip <b>34652</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHANDLER, HOWARD 5105 SLEIGHBELL LANE NEW PORT RICHEY, FL 34652</b>			7. Name and Address of New Registered Agent Name <b>RALPH HAGEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7420 SNOWY LN.</b> City <b>NEW PORT RICHEY FL</b> Zip Code <b>34652</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>RALPH HAGEN - Pres. - Ralph Hagen</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE VP NAME PRITCHARD, WM STREET ADDRESS 7429 SNOFLAKE LN CITY-ST-ZIP NEW PT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE VP NAME JOEL FISHER STREET ADDRESS 7434 SNOWY LN CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME CHANDLER, HOWARD STREET ADDRESS 5105 SLEIGHBELL LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE P NAME RALPH HAGEN STREET ADDRESS 7420 SNOWY LN. CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME AYLWARD, GEORGETTE STREET ADDRESS 7426 SNOWY LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE D NAME BRYAN MANDELL STREET ADDRESS 7428 SNOWY LN CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PRITCHARD, GAYLA STREET ADDRESS 7429 SNOFLAKE RUN CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE D NAME SANDY WOHLERS STREET ADDRESS 7425 SNOWY LN CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME POWER, JEAN STREET ADDRESS 5107 CHRISTMAS TREE LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Ralph Hagen</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>RALPH HAGEN</b> Date <b>727-841-6276</b> <small>Daytime Phone #</small>		

# ATTACHMENT

40007622  
# N08470

Title: VP.

Name: Howard Chandler

Street Address: 5105 Sleighbell Lane

City St Zip: New Port Richey Fl. 34652

Title: D

Name: Theresa Alyward

Street Address: 7426 Snowy Lane

City St Zip: New Port Richey Fl. 34652