
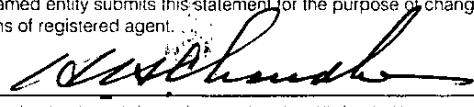
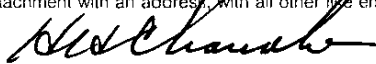


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90034 003 \*\*\*\*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>7420 SNOWY LANE NEW PORT RICHEY FL 34652 US</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E037 (10/05) 4. FEI Number <b>59-2879567</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HAGEN, RALPH 7420 SNOWY LANE NEW PORT RICHEY FL 34652</b>		7. Name and Address of New Registered Agent Name <b>HOWARD CHANDLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>5105 SLEIGHBELL LN</b> City <b>New Port Richey</b> FL 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>H.H. CHANDLER</b> DATE <b>FEB 20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<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 <b>D</b> NAME <b>MANDELL, BRYAN</b> STREET ADDRESS <b>7425 SNOWY LANE</b> CITY-ST-ZIP <b>NEW PT RICHEY FL 34652</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>HOWARD CHANDLER</b> STREET ADDRESS <b>5105 SLEIGHBELL LN.</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>P</b> NAME <b>HAGEN, RALPH</b> STREET ADDRESS <b>7420 SNOWY LANE</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>V</b> NAME <b>JEAN POWERS</b> STREET ADDRESS <b>5107 CHRISTMAS TREE LN</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>AYLWARD, GEORGETTE</b> STREET ADDRESS <b>7426 SNOWY LANE</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>WOHLERS, SANDY</b> STREET ADDRESS <b>7425 SNOWY LANE</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>THERESA AYLWARD</b> STREET ADDRESS <b>7426 SNOWY LANE</b> CITY-ST-ZIP <b>NEW PORT RICHEY, FL 34652</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>POWER, JEAN</b> STREET ADDRESS <b>5107 CHRISTMAS TREE LANE</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>JACK HOOPER</b> STREET ADDRESS <b>5107 CHRISTMAS TREE LANE</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>V</b> NAME <b>FISHER, JOEL</b> STREET ADDRESS <b>7434 SNOWY LANE</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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>H.H. CHANDLER</b> <b>FEB 20/06</b> <b>7278491220</b>					