


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90002 040 ****61.25

DOCUMENT # N08470 1. Entity Name FLORIDIAN MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5018 SLEIGHBALL LANE NEW PORT RICHEY, FL 34652 US		Mailing Address 7426 SNOWY LANE NEW PORT RICHEY, FL 34652 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		06122007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2879567	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANDLER, HOWARD 5105 SLEIGHBALL LN NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Jean Powers Street Address (P.O. Box Number is Not Acceptable) 5107 Christmas Tree Lane City Newport Richey FL Zip Code 34652	
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 Georgette AYLWARD Sec. DATE 6-16-07 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P CHANDLER, HOWARD 5105 SLEIGHBALL LN NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE PS Jean powers 5107 Christmas tree lane Newport Richey FL 34652
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VS POWERS, JEAN 5107 CHRISTMAS TREE LN NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T AYLWARD, GEORGETTE 7426 SNOWY LANE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D ALYWARD, THERESA 7426 SNOWY LN NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D HOOPER, JACK 5107 CHRISTMAS TREE LANE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Georgette Aylward Georgette AYLWARD 06-16-07 727841-7504 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

802-796-3630