


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90033 012 ****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 7420 SNOWY LANE NEW PORT RICHEY, FL 34652 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5103 CHRISTMAS TREE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc. New Port Richey FL.
City & State	City & State
Zip 34652	Country U.S.



02262008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2879567

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POWERS, JEAN
5107 CHRISTMAS TREE LN
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name
DONNA CAPPARELLI

Street Address (P.O. Box Number is Not Acceptable)
5103 CHRISTMAS TREE LANE

City
New Port 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 *Donna Capparelli* **TREASURER** **4-6-08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS POWERS, JEAN <input checked="" type="checkbox"/> Delete 5107 CHRISTMAS TREE LN NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POWERS, JEAN <input checked="" type="checkbox"/> Delete 5107 CHRISTMAS TREE LN NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AYLWARD, GEORGETTE <input checked="" type="checkbox"/> Delete 7426 SNOWY LANE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALYWARD, THERESA <input checked="" type="checkbox"/> Delete 7426 SNOWY LN NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOPER, JACK <input checked="" type="checkbox"/> Delete 5107 CHRISTMAS TREE LANE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P BRYAN MANDELL 7425 SNOWY LANE New port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V P BILL Scheu 7429 SNOWY LAKE LANE New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DONNA CAPPARELLI 5103 CHRISTMAS TREE LANE New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S SANDRA Wohlers 7425 SNOWY LANE New port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 *Donna Capparelli* **4-6-08**