

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N08890 (8)

1. Corporation Name

GREYSTONE PARK MOBILE HOMEOWNERS, INC.

Principal Place of Business 13300 E. TAMiami TRAIL LOT 65 NAPLES FL 33961 US	Mailing Address 13300 E. TAMiami TRAIL LOT 65 NAPLES FL 34114-8710 US
--	---

3. Date Incorporated or Qualified 04/23/1985	3a. Date of Last Report 04/24/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ERWIN, CLIFF
13300 E TAMiami TRAIL
LOT 65
NAPLES FL 33961**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, WILLIAM	1.2 NAME	
STREET ADDRESS	13300 E TAMiami TRAIL, LOT 54	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN, CLIFF	2.2 NAME	
STREET ADDRESS	13300 E TAMiami TR. #65	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33961	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARTRAND, PATRICIA	3.2 NAME	
STREET ADDRESS	13300 E TAMiami TRAIL, LOT 63	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN, SHIRLEY	4.2 NAME	
STREET ADDRESS	13300 E TAMiami TRAIL LOT 65	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ARGY	5.2 NAME	
STREET ADDRESS	13300 E. TAMiami TR. #33	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, STAN	6.2 NAME	
STREET ADDRESS	13300 E TAMiami TRAIL LOT 50	6.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	6.4 CITY - ST - ZIP	

14. I do 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: *Patricia Chartrand* **Patricia CHARTRAND 3-26-97**

CR2E037 (9/96)