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Mar 13 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 # **N08921** **(1)**

1. Corporation Name

KEN'S PARK MOBILE HOME OWNERS INC.

Principal Place of Business	Mailing Address
44 CARLA AVE LAKELAND FL 33801	44 CARLA AVE. LAKELAND FL 33801-5775

3. Date Incorporated or Qualified: 04/25/1985
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 44 Carla ave.
22 State, Apt. #, etc.
23 City & State: Lakeland Fl.
24 Zip: 33801 25 Country

2a. Mailing Address
26 44 Carla Ave.
27 State, Apt. #, etc.
28 City & State: Lakeland Fl.
29 Zip: 33801 30 Country

4. FEI Number: 59-2957258 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLACK, CLARENCE E
2A KATHY AVE.
LAKELAND FL 33801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	LUCK, MERLIN	1.2 NAME	PD. Eleanor Peake
1.3 STREET ADDRESS	20 BUDDY ST.	1.3 STREET ADDRESS	40 Janie ave,
1.4 CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	Lakeland Fla 33801
2.1 TITLE	VD ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	PEAKE, ELEANOR	2.2 NAME	VD Gordon Hewitt
2.3 STREET ADDRESS	40 JANIE AVE	2.3 STREET ADDRESS	57 ganie ave.
2.4 CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, Fl. 33801
3.1 TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	BENTLEY, GWEN	3.2 NAME	
3.3 STREET ADDRESS	18 BUDDY ST.	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	
4.1 TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	KRACKENBERGER, CHARLES	4.2 NAME	
4.3 STREET ADDRESS	44 CARLA AVE.	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
5.1 TITLE	☐ DELETE	5.1 TITLE	Trustee ☐ Change ☒ Addition
5.2 NAME		5.2 NAME	Charles Andringa
5.3 STREET ADDRESS		5.3 STREET ADDRESS	62 ganie ave,
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lakeland. Fl. 33801
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 added on an attachment with an address.

SIGNATURE: Charles A. Krackenberger 3-11-97 941-682-8016
Charles A. Krackenberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052436