


FILE NOW: FILING FEE IS \$61.25

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90040 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08921					
1. Corporation Name KEN'S PARK MOBILE HOME OWNERS INC.					
Principal Place of Business 44 CARLA AVE 2A KATHY LAKELAND FL 33801 US			Mailing Address 44 CARLA AVE 2A KATHY LAKELAND FL 33801 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/25/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2957258	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30			
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

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEAKE, ELEANOR			1.2 NAME	George GRAY		
STREET ADDRESS	40 JANICE AVE			1.3 STREET ADDRESS	18 A George St.		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP	Lakeland, FL 33801		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEWITT, GORDON			2.2 NAME	Bernard Brown		
STREET ADDRESS	57 JANIE AVE			2.3 STREET ADDRESS	62 Janie Ave		
CITY-ST-ZIP	LAKELAND FL			2.4 CITY-ST-ZIP	Lakeland, FLA 33801		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTLEY, GWEN			3.2 NAME	Judy Darling Judith A. Darling		
STREET ADDRESS	18 BUDDY ST.			3.3 STREET ADDRESS	6 George St		
CITY-ST-ZIP	LAKELAND FL 33801			3.4 CITY-ST-ZIP	Lakeland, FLA 33801		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	VRENS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRACKENBERGER, CHARLES			4.2 NAME	vi Steinman		
STREET ADDRESS	44 CARLA AVE.			4.3 STREET ADDRESS	9 George St		
CITY-ST-ZIP	LAKELAND FL 33801			4.4 CITY-ST-ZIP	Lakeland, FL 33801		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRINGA, CHARLES			5.2 NAME	Alice Pline		
STREET ADDRESS	62 JANIE AVE			5.3 STREET ADDRESS	34 A Perry St.		
CITY-ST-ZIP	LAKELAND FL			5.4 CITY-ST-ZIP	Lakeland, FL. 33801		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Charles Andringa 3-24-99

CR2F037 (11/98)