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Feb 04 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 # N09275 (1)

1. Corporation Name

BANES ADULT MOBILE HOME PARK INC.

Principal Place of Business

38537 BANES DRIVE
ZEPHYRHILLS FL 33540-1404
US

Mailing Address

38537 BANES DRIVE
ZEPHYRHILLS FL 33540-1404
US

3. Date Incorporated or Qualified
01/17/1985

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3165993

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

10. Name and Address of New Registered Agent

HOLMES, DONALD G.
38537 BANES DRIVE
ZEPHYRHILLS FL 33540-1404

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

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | RONCO, FRANCIS | |
| STREET ADDRESS | 38530 BANES DRIVE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HEISCHMAN, JAMES | |
| STREET ADDRESS | 38536 BANES DRIVE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HOLMES, DONALD G. | |
| STREET ADDRESS | 38537 BANES DRIVE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HOLMES, JUNE | |
| STREET ADDRESS | 38537 BANES DRIVE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BARRETT, DONALD | |
| STREET ADDRESS | 38600 BANES DRIVE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Ronco, Francis | |
| 1.3 STREET ADDRESS | Same | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | HART, ROBERT | |
| 3.3 STREET ADDRESS | 38550 BANES DRIVE | |
| 3.4 CITY-ST-ZIP | ZEPHYRHILLS, FLORIDA | |
| 4.1 TITLE | V. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | HART, GARDENIA | |
| 4.3 STREET ADDRESS | 38550 BANES DRIVE | |
| 4.4 CITY-ST-ZIP | ZEPHYRHILLS, FLORIDA | |
| 5.1 TITLE | D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | BARRETT, DONALD | |
| 5.3 STREET ADDRESS | SAME | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | HEISCHMAN, JOAN | |
| 6.3 STREET ADDRESS | 38536 BANES DRIVE | |
| 6.4 CITY-ST-ZIP | ZEPHYRHILLS, FLORIDA | |

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Hart
Date

1/28/97
Daytime Phone # 0045781

CR2E037 (9/96)