FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09284 (3)

1. Corporation Name
OSCEOLA MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11825 AZTEC LANE EVERETT NAGELHOAT NEW PORT RICHEY FL 34654 US	THERESA GERVAIS 11844 PIUTE LANE NEW PORT RICHEY FL 34654 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1985
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2541944 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NAGLEHOUT, EVERETT
11825 AZTEC LANE
NEW PORT RICHEY FL 34654

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Everett Nagelhout 5/21/95
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	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ADAMS, CYRIL	1.2 NAME	Jack Rupple	
STREET ADDRESS	11845 AZTEC LN	1.3 STREET ADDRESS	11830 Aztec Lane	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, Fl, 34654	
TITLE	VP	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	RUPPLE, JACK	2.2 NAME	George Harvey	
STREET ADDRESS	11830 AZTEC LANE	2.3 STREET ADDRESS	11754 Minnesota Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	Newport Richey, Fla. 34654	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	GERVAIS,THERESA	3.2 NAME		
STREET ADDRESS	11844 PIUTE LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP		
TITLE	BD	4.1 TITLE	B George Harvey	☐ Change ☒ Addition
NAME	STOCKMAN, LUCILLE	4.2 NAME		
STREET ADDRESS	11851 AZTEC LN	4.3 STREET ADDRESS	11754 Minnesota Dr	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	Newport Richey FL 34654	
TITLE	BD	5.1 TITLE		☐ Change ☐ Addition
NAME	HANK, GERTRUDE	5.2 NAME		
STREET ADDRESS	11821 CREE LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP		
TITLE	B Ruth Babinski	6.1 TITLE		☐ Change ☐ Addition
NAME	11825 Dunbar Dr.	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	Newport Richey, FL 34654	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Theresa B. Gervais Sec. Treas. 3-7-95 813-862-8168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007818