

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N09284 (3)**  
1. Corporation Name  
**OSCEOLA MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**11825 AZTEC LANE  
EVERETTE NAGLEHOAT  
NEW PORT RICHEY FL 34654  
US**

Mailing Address  
**THERESA GERVAIS  
11844 PIUTE LANE  
NEW PORT RICHEY FL 34654  
US**

3. Date Incorporated or Qualified  
**05/14/1985**

3a. Date of Last Report  
**03/10/1995**

4. FEI Number  
**59-2541944**

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

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

## 9. Name and Address of Current Registered Agent

**NAGLEHOUT, EVERETTE  
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 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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RUPPLE, JACK</b>	
STREET ADDRESS	<b>1180 AZTEC LANE</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HARVEY, GEORGE</b>	
STREET ADDRESS	<b>11757 MINNEOLA DR</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>GERVAIS, THERESA</b>	
STREET ADDRESS	<b>11844 PIUTE LN</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>BD</b>	<input type="checkbox"/> DELETE
NAME	<b>STOCKMAN, LUCILLE</b>	
STREET ADDRESS	<b>11851 AZTEC LN</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>BD</b>	<input type="checkbox"/> DELETE
NAME	<b>HANK, GERTRUDE</b>	
STREET ADDRESS	<b>11821 CREE LANE</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>BD</b>	<input type="checkbox"/> DELETE
NAME	<b>BELINSKI, RUTH</b>	
STREET ADDRESS	<b>11825 INDIAN DR</b>	
CITY - ST - ZIP	<b>NEWPORT RICHEY FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-862-8168**

CR2E037 (12/95)