FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

OSCIONA MORILE HOMEOWNERS ASSOCIATION INC

0306	OLA MOBILE HOMEOWNER	is association, ii	1 0.			
Principal Place of Business		Mailing Address				1 (8 Divide dir 2006 10010 1123) Intil Stat Bible atali Gible State pari 1501
11825 AZTEC LANE EVERETTE NAGELHOAT NEW PORT RICHEY FL 34854 US		THERESA GERVAIS 11844 PIUTE LANE NEW PORT RICHEY FL 34654-1311 US				3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1985 02/21/1996
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip	├	Country		8. This corporation has liability for intangible tax under s. 199.032,
24		25 29 30 30 Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Corre	ir uadistaton whatit		81	Name	
NAC E	HOLE DESCRIPTION				Manie	<u>, </u>
11825 /	HOUT, EVERETTE AZTEC LANE			62	Street	t Address (P.O. Box Number is Not Acceptable)
NEW P	ORT RICHEY FL 34854			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 .						
40	Signature, typed or printed name of registered age			d Agen	il signature	re required when reinstating) DATE ADDITIONS (CHANGES TO DESIGNED AND DIRECTORS IN 40)
12.	OFFICERS ANI	DELETE	13.	Te C		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME	RUPPLE, JACK	Ditter.	1.2 N			Change Change
STREET ADDRESS	1180 AZTEC LANE 1182.	5			DDDECC	
CITY-ST-ZIP	NEW PORT RICHEY FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.4 Et		- 2112	Change Addition
NAME	HARVEY, GEORGE		2.2 NA			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	11757 MINNEOLA DR	AININGOLA DO		23 STREFT ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL			2.4 CITY-ST-ZIP		
TITLE	ST	DELETE	3.1 70		- 211	Change Addition
NAME	GERVAIS, THERESA		3.2 NA			_
STREET ADDRESS	11844 PIUTE LN				ADDRESS	·
CITY-ST-ZIP	NEW PORT RICHEY FL			ITY - ST		·-
TITLE	BD	DELETE	4.1 TI			☐ Change ☐ Addition
NAME	STOCKMAN, LUCILLE		4.2 N	AME	(44)	Ray Gervais
STREET ADDRESS	11851 AZTEC LN		4.3 ST	REET #	ADDRESS	1
CITY-\$T-ZIP	NEW PORT RICHEY FL			TY-ST		New Port Richey 71, 34654
TITLE	BD	DELETE	5.1 10	IT£		Change Addition
NAME	HANK, GERTRUDE		5.2 NA	AME		
STREET ADDRESS	11821 CREE LANE		5.3 \$1	REET A	ADDRESS	
CITY+ST-ZIP	NEW PORT RICHEY FL		54 CI	54 CITY-S1-Z		
TITLE	BD	DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME	Belinski, Ruth		6.2 NA	ME		
STREET ADDRESS	11825 INDIAN DR		6.3 \$1	REE) A	ADDRESS	
CITY-ST-ZIP	NEWPORT RICHEY FL		6.4 Ct	IY-SI	- 71P	

6.4 CITY - ST - ZIP

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.

FILED

Mar 17 1997 8:00am

Secretary of State