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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09284 (3)
1. Corporation Name
OSCEOLA MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 11825 AZTEC LANE EVERETTE NAGELHOAT NEW PORT RICHEY FL 34654 US	Mailing Address THERESA GERVAIS 11844 PIUTE LANE NEW PORT RICHEY FL 34654 US
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3. Date Incorporated or Qualified

05/14/1985

4. FEI Number

59-2541944

Applied For

Not Applicable

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

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAGLEHOUT, EVERETTE
11825 AZTEC LANE
NEW PORT RICHEY FL 34654**

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 ☐ DELETE

NAME **P**
STREET ADDRESS **RUPPLE, JACK**
CITY-ST-ZIP **1180 AZTEC LANE
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **VP**
STREET ADDRESS **HARVEY, GEORGE**
CITY-ST-ZIP **11757 MINNEOLA DR
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **ST**
STREET ADDRESS **GERVAIS, THERESA**
CITY-ST-ZIP **11844 PIUTE LN
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **BD**
STREET ADDRESS **RAY GERVAIS**
CITY-ST-ZIP **11844 PIUTE LANE
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **BD**
STREET ADDRESS **HANK, GERTRUDE**
CITY-ST-ZIP **11821 CREE LANE
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **BD**
STREET ADDRESS **BELINSKI, RUTH**
CITY-ST-ZIP **11825 INDIAN DR
NEWPORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Theresa Gervais

3-3-98

813-862-8168

CR2E037 (10/97)