		NESS REPOR	ii (ODA)		
DOCUM	ENT #N12714				
1. Entity Name	DISE MOBILEHO	MEOWNERS AS	SOCIATION	g	
/ /////			INC.	FILED	
Principal Place of Business Mailing Address 2201 US4/.5. L019				01 MAY 22 AN 9 38	
RUSKIN FL 33570				SECONTAIN 3: 38	
1	12 000,0			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			2000-01 UBIC DO NOT WRITE IN THIS SPACE 03/22/00 90090 020 16/25		
City & State City & State		City & State		4. FEI Number Applied For Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current R			7. Name and Address of New Registered Agent	
DONNA SINIFF			Name		
DONNA SINIFF 2201 49415. 209-9			Street Addre	ess (P.O. Box Number is Not Acceptable)	
RUSKIN FLA. 33570				-07/17/0101083003	
PRESIDENT			City	*******51.25 ******51.25 FL ^{Zip Code}	
The above named entity submits this statement for the purpose of changing its reg			I gistered office or reg	gistered agent, or both, in the state of Florida.	
	\bigcap	-00			
SIGNATURE Norma Simil				- 04-09-01	
S#	gnature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	egistered Ågent signature rei	equired when reinstating) DATE	
,	FILE NOW:	9. Election Campaign Fir	nancino ¢	No. of the state o	
				55.00 May Be Make Check Payable to	
	FEE IS \$61,25	Trust Fund Contribution	·	55.00 May Be Make Check Payable to dided to Fees Department of State	2
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