


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14220** (0)  
1. Corporation Name  
**CAPITAL MOBILE HOME PARK ASSOCIATION, INC.**



Principal Place of Business <b>5110 - 14TH STREET WEST BRADENTON FL 34207</b>	Mailing Address <b>5110 - 14TH STREET WEST BRADENTON FL 34207-2486</b>
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3. Date Incorporated or Qualified <b>04/08/1986</b>	3a. Date of Last Report <b>04/03/1996</b>
4. FEI Number <b>31-7389522</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**TARPINIAN, M IRENE  
5110 - 14TH STREET WEST  
LOT 2  
BRADENTON FL 34207**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>FEATHER, SHIRELEY A</b>
STREET ADDRESS	<b>5110 14TH ST W #10</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>DULL, MAX D.</b>
STREET ADDRESS	<b>5110 W 14 ST #24</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>GILCHRIST, VIRGINIA</b>
STREET ADDRESS	<b>5110 14TH ST W #9</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>LINN, EDITH</b>
STREET ADDRESS	<b>5110 14TH ST W #23</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>BENNETT, PAULINE</b>
STREET ADDRESS	<b>5110 - 14TH STREET WEST #44</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Dan Watts</b>
1.3 STREET ADDRESS	<b>5110 14th St. W. Lot 28</b>
1.4 CITY-ST-ZIP	<b>Bradenton, Fl. 34207</b>
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Virginia Gilchrist</b>
2.3 STREET ADDRESS	<b>5110 14th St. W. Lot #9</b>
2.4 CITY-ST-ZIP	<b>Bradenton, Fl. 34207</b>
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Deloris Bowling</b>
3.3 STREET ADDRESS	<b>5110 14th St. W. Lot 73</b>
3.4 CITY-ST-ZIP	<b>Bradenton, Fl. 34207</b>
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Lucille Johnson</b>
4.3 STREET ADDRESS	<b>5110 14th St. W. Lot 69</b>
4.4 CITY-ST-ZIP	<b>Bradenton, Fl. 34207</b>
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 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 **PAULINE BENNETT** DATE **4/14/97**

CR2E037 (9/96)