## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT #** N14899 (1)

is Corporatio	n Name	· · · · · · · · · · · · · · · · · · ·			
RAMBI	LEWOOD MOBILE HOME C	OWNERS, INC.			
Principal Plac	e of Business	Mailing Address		e indeside don tinn minnt state idise this anni mini meni mini mini mini mini mini	15841 1881
38336 SHINING OAKS LN ZEPHYRHILLS FL 33541 US		38336 SHINING OAKS LN ZEPHYRHILLS FL 33541 US		3. Date Incorporated or Qualified 05/13/1986	
				4. FEI Number Applie Applie	
2. Principal F	Place of Business	2a. Mailing Address			pplicable
21		26		5. Certificate of Status Desired \$8.75 Addl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May	
City & State		City & State	<u>, , , , , , , , , , , , , , , , , , , </u>	Trust Fund Contribution Added to Fe	195
23	to.	28		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intang.	ible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🖾 N	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
			81 Name	Marvin Ellis	
	BARRON, KAY			Address (P.O. Box Number Is Not Acceptable)	
	38336 SHINING OAKS LN ZEPHYRHILLS FL 33541			3804 Oakhurst La.	
2CFAIR	ITILLS FL 33341		83		
			64 City	Zophyrhillo FL 85 Zip Cod 33542	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	ites, the above-named	TE 13354 corporation's banks this statement for the purpose of changing its reporation's board of directors. I hereby accept the appointment as regional forms to the purpose of the purpo	gistered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 617.0503, F	authorized by the corp lorida Statutes.	oration's board of directors. I hereby accept the appointment as regi	istered
SIGNATURE		N.		Man A. (U) Many 12.1.	798
12.	Signature, typed or printed name of registered ag		TE: Registered Agent signature		U 12
TITLE	PD OFFICERS AF	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition
NAME	KITTEL, BRENDA	Deterio	1.2 NAME		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	3852 TALL OAKS LN		1.3 STREET ADDRESS	Marvin Ellis	
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-ST-ZIP	38401 Oakhurst La.Zephyrhill	ls, Fa
TITLE	VD	DELETE	2.1 TITLE	, VD □ Change □	Addition
NAME	REILLY, THOMAS		2.2 NAME	Bill Dobson	
STREET ADDRESS	3847 OAKHURST LANE		2.3 STREET ADDRESS	38176 Overb rook Blvd.	
CITY-ST-ZIP	ZEPHYRHILLS FL		2. 4 CITY-ST-ZIP	Zephyrhills, Fa.	<del></del>
TITLE	S SAPPON KAN	DELETE	3.1 TITLE		Addition
NAME	BARRON, KAY		3.2 NAME	TOhn McMutlen	
STREET ADDRESS	38338 SHINING OAKS LN ZEPHYRHILLS FL		3.3 STREET ADDRESS	38123 Overbrook Blvd.	
CITY-ST-ZIP TITLE	T T	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Zephyrhills, Fa. Change	Addition
NAME	CAPRIO, ANTHONY	(A) pression	4.2 NAME	Pauline McMullen	
STREET ADDRESS	38403 RAMBLEWOOD BLVD		4.3 STREET ADDRESS	38123 Overbrook Blvd.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		4.4 CITY-ST-ZIP	Zephyhills, Fa.	
TITLE	D	DELETE	5.1 TITLE	D Change	Addition
NAME	GARRETSON, LLOYD	•	5.2 NAME	Hal Packard	
STREET ADDRESS	38146 OVERBROOK BLVD		5.3 STREET ADDRESS	38330 Overook	
CITY-\$T-ZIP	ZEPHYRHILLS FL 33541		5.4 CITY - ST - ZIP	-Planshaush ( ) 1-a - 10.1	1
TITLE	D DECCHIED ACAN	☐ DELETE	6.1 TITLE	D Clint Rocky	Addition
NAME ADDEED ADDRESS	PRESCHLER, JEAN 38178 OVERBROOK BLVD		6.2 NAME	3800 Oakhurst Ln.	
STREET ADDRESS	I JOI/O UYERBHUUN BLYU		6.3 STREET ADDRESS		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Zephyhiils, Fa.

SIGNATURE: 🛆

ZEPHYRHILLS FL

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 24 1998 8:00am

Secretary of State