FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14982 (5)

1. Corporation Name
PLEASANT LIVING MOBILE HOME RECREATION CLUB INC.

Principal Place of Business	Mailing Address
321 ST. JOHN DRIVE RIVERVIEW FL 33569	321 ST. JOHN DRIVE RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1986
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2953529 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 304 MYAKKA Loop	26 304 Myakka Loop
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Riverview Fla	28 City & State: Riverview Fla
24 Zip: 33569 25 Country: USA	29 Zip: 33569 30 Country: USA

9. Name and Address of Current Registered Agent

WHITCOMB, MARIAN
317 INDIAN DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name: MURRAY, Helen E President
82 Street Address (P.O. Box Number is Not Acceptable): 304 MYAKKA Loop
83
84 City: Riverview FL 85 Zip Code: 33569

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Helen E Murray
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	TRUXELL, LUCILLE E.	1.2 NAME	MURRAY, Helen E.
STREET ADDRESS	321 AKLAWAHA DR.	1.3 STREET ADDRESS	304 MYAKKA Loop
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	Riverview Fla 33569
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	DANIELSON, OLE	2.2 NAME	CHADWICK, Joe
STREET ADDRESS	321 KARI DR.	2.3 STREET ADDRESS	316 Indian DR.
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	Riverview Fla 33569
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	WHITCOMB, MARIAN	3.2 NAME	SorTore, Ruth
STREET ADDRESS	317 INDIAN DRIVE	3.3 STREET ADDRESS	210 Indian DR.
CITY-ST-ZIP	RIVERVIEW FL 33569	3.4 CITY-ST-ZIP	Riverview Fla 33569
TITLE	S	4.1 TITLE	S. ☐ Change ☐ Addition
NAME	WOOD, PATRICIA	4.2 NAME	
STREET ADDRESS	201 OKLAWAHA DR.	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	WEISS, CORRAINE	5.2 NAME	MATHIAS, Ethel
STREET ADDRESS	222 INDIAN DRIVE	5.3 STREET ADDRESS	321 St. JOHNS DR.
CITY-ST-ZIP	RIVERVIEW FL 33569	5.4 CITY-ST-ZIP	Riverview Fla 33569
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	NEU, BARBARA	6.2 NAME	
STREET ADDRESS	220 MYAKKA	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Helen E Murray 1/17/95 813 671-9306
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0052028