

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14982

FILED
Jan 10, 2005
Secretary of State

Entity Name: PLEASANT LIVING MOBILE HOME RECREATION CLUB INC.

Current Principal Place of Business:

304 MURPHY DR.
RIVERVIEW, FL 33569 US

New Principal Place of Business:

315 PLEASANT BLVD.
RIVERVIEW, FL 33569 US

Current Mailing Address:

304 MURPHY DR.
RIVERVIEW, FL 33569 US

New Mailing Address:

FEI Number: 59-2953529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, FRED
304 MURPHY DR.
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, JEAN
Address: 212 INDIAN DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VPD () Delete
Name: MATHIAS, ETHEL
Address: 321 ST. JOHNS DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: TD () Delete
Name: WILLIARD, DI ANN
Address: 203 OKLAWAHA DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: S () Delete
Name: WEISS, LORRAINE
Address: 316 INDIAN DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D () Delete
Name: BROWN, FRED
Address: 304 MURPHY DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D () Delete
Name: MOORE, LINDA
Address: 305 INDIAN DR.
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED BROWN

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date