

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 8:33

DOCUMENT # N20170 (9)

1. Corporation Name

BAHR'S MOBILE HOMEOWNERS COOPERATIVE, INC.

Principal Place of Business

Mailing Address

39444 DANCERS LANE
ZEPHYRHILLS FL 33540

39444 DANCERS LANE
ZEPHYRHILLS FL 33540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1987

3a. Date of Last Report

03/21/1994

4. FEI Number

65-0019771

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 County

29 Zip

30 Country

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

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199 (197)
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

HAYDEN, DONNA
39433 BLOSS DR
ZEPHYRHILLS FL 33540

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Donna M. Hayden

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BURGHARDT, OPAL J
STREET ADDRESS 39411 DANCERS LN
CITY - ST - ZIP ZEPHYRHILLS FL 33540

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME SCHMIDTKE, HAROLD
STREET ADDRESS 39415 MELONIE DR
CITY - ST - ZIP ZEPHYRHILLS FL 33540

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME TAECKENS, LETA
STREET ADDRESS 39430 ENID AVE
CITY - ST - ZIP ZEPHYRHILLS FL 33540

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE TD
NAME IMM, DONALD
STREET ADDRESS 6843 FAY DR
CITY - ST - ZIP ZEPHYRHILLS FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME MANNETTER, BARBARA
STREET ADDRESS 39423 DANCERS LN
CITY - ST - ZIP ZEPHYRHILLS FL 33540

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE D
NAME BEARD, BUD
STREET ADDRESS 39438 FAIRLANE DR
CITY - ST - ZIP ZEPHYRHILLS FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

D
LANG, ELDON
39433 ENID AVE.
ZEPHYRHILLS FL. 33540

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)(k), 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 *Opal J. Burghardt* J. BURGHARDT

6-12-95

813-7889991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #