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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N20170 (9)

1. Corporation Name

BAHR'S MOBILE HOMEOWNERS COOPERATIVE, INC.



Principal Place of Business

39444 DANCERS LANE  
ZEPHYRHILLS FL 33540

Mailing Address

39444 DANCERS LANE  
ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified  
04/16/1987

3a. Date of Last Report  
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0019771

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE TD ☐ DELETE  
NAME IMM, DONALD  
STREET ADDRESS 6643 FAY DR  
CITY - ST - ZIP ZEPHYRHILLS FL

TITLE D ☒ DELETE  
NAME LANG, ELTON  
STREET ADDRESS 39433 ENID AVENUE  
CITY - ST - ZIP ZEPHYRHILLS FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Lang, Eldon  
2.3 STREET ADDRESS 39433 Enid Ave.  
2.4 CITY - ST - ZIP Zephyrhills FL 33540

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D  
Schmidtke, Harold  
5.3 STREET ADDRESS 39415 Melonie Lane  
5.4 CITY - ST - ZIP Zephyrhills FL 33540

6.1 TITLE ☐ Change ☐ 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 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 Opal J. Burghardt 3-29-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)