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FILED

Mar 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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

Mailing Address

**39444 DANCERS LANE  
ZEPHYRHILLS FL 33540****39444 DANCERS LANE  
ZEPHYRHILLS FL 33540-2956**3. Date Incorporated or Qualified  
**04/16/1987**3a. Date of Last Report  
**04/05/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip

Country

**28** Zip

Country

**24****25****29****30**4. FEI Number  
**65-0019771**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. 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

*Donna M. Hayden*  
Signature typed or printed name of registered agent and title if applicable*Res. Ag.*

(NOTE: Registered Agent signature required when reinstating)

**3/14/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **BURGHDOFF, OPAL J.**  
STREET ADDRESS **39411 DANCERS LN**  
CITY - ST - ZIP **ZEPHYRHILLS FL 33540**TITLE **VD** ☐ DELETE  
NAME **LANG, ELTON**  
STREET ADDRESS **39433 ENID AVENUE**  
CITY - ST - ZIP **ZEPHYRHILLS FL**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 **SCHMIDTKE, HAROLD**  
STREET ADDRESS **39415 MELONIE LANE**  
CITY - ST - ZIP **ZEPHYRHILLS FL**TITLE **D** ☐ DELETE  
NAME **BEAIRD, BUD**  
STREET ADDRESS **39438 FAIRLANE DR**  
CITY - ST - ZIP **ZEPHYRHILLS FL**11 TITLE **PRESIDENT** ☒ Change ☐ Addition  
12 NAME **Floyd Wadsworth**  
13 STREET ADDRESS **39411 Melonie Lane**  
14 CITY - ST - ZIP **Zephyrhills, FL 33540** ☐ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **Director**  
5.3 STREET ADDRESS **Jack Cullison**  
5.4 CITY - ST - ZIP **29438 Fairlane Dr.**  
**Zephyrhills, FL 33540** ☒ Change ☐ Addition6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Director**  
6.3 STREET ADDRESS **Beaird, Bud**  
6.4 CITY - ST - ZIP **39421 Ringwood Ave**  
**Zephyrhills FL 33540**

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045758

CR2E037 (9/96)