

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/16/1987	
4. FEI Number 65-0019771	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
23 City & State	27 City & State		
24 Zip	25 Country	28 Zip	29 Country
24	25	28	29

9. Name and Address of Current Registered Agent HAYDEN, DONNA 39433 BLOSS DR ZEPHYRHILLS FL 33540	
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10. Name and Address of New Registered Agent	
81 Name Dorothy E. Cady	
82 Street Address (P.O. Box Number is Not Acceptable) 6537 Bahr's Drive	
83	
84 City Zephyrhills	85 Zip Code FL 33540

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 Dorothy E. Cady (NOTE: Registered Agent signature required when reinstating) DATE 1-7-98

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	WADSWORTH, FLOYD	
STREET ADDRESS	39411 MELONIE LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LANG, ELTON	
STREET ADDRESS	39433 ENID AVENUE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TAECKENS, LETA	
STREET ADDRESS	39430 ENID AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MM, DONALD	
STREET ADDRESS	6643 FAY DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULLISON, JACK	
STREET ADDRESS	39438 FAIRLANE DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEARD, BUD	
STREET ADDRESS	39421 RINGWOOD AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Floyd Wadsworth 1-7-98 813-782-7201

CR2E037 (10/97)