

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N20170

1. Entity Name
BAHR'S MOBILE HOMEOWNERS COOPERATIVE, INC.



Principal Place of Business
**39444 DANCERS LANE
ZEPHYRHILLS, FL 33542**

Mailing Address
**39444 DANCERS LANE
ZEPHYRHILLS, FL 33542**



01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0019771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIND, DOROTHY
39402 FAIRLANE DR.
ZEPHYRHILLS, FL 33542**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BEAIRD, ED
39425 RINGWOOD AVE
ZEPHYRHILLS, FL 33540**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CULLISON, JACK
39438 FAIRLANE DRIVE
ZEPHYRHILLS, FL 33540**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BYRD, GUY
6533 BAHR'S DRIVE
ZEPHYRHILLS, FL 33540**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENNETT, ROY
39420 DANCERS LANE
ZEPHYRHILLS, FL 33540**

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 813 782-7201
Daytime Phone #