

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90282 024 ****61.25

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**



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 *Dorothy Lind* *Resident Agent* *3/16/06*
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, 2006**

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 Wadsworth Floyd 39411 Melonie Ln. Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Guy Byrd 6533 Bahrs Drive Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TAECKENS, LETA 39430 ENID AVE ZEPHYRHILLS, FL 33540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Bennett, Roy 39420 Dancers Ln. Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ED Beaird 39421 Ringwood Ave. Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAI Chanda 39422 Enid Ave. Zephyrhills, FL 33542

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Dorothy Lind* *Resident Agent* *3/16/06* *1-813-782-7201*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #