

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90009 005 \*\*\*\*70.00

<b>DOCUMENT # N20170</b> 1. Entity Name <b>BAHR'S MOBILE HOMEOWNERS COOPERATIVE, INC.</b>					
Principal Place of Business <b>39444 DANCERS LANE ZEPHYRHILLS, FL 33542</b>			Mailing Address <b>39444 DANCERS LANE ZEPHYRHILLS, FL 33542</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0019771</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LIND, DOROTHY 39402 FAIRLANE DR. ZEPHYRHILLS, FL 33542</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAIRD, ED 39421 RINGWOOD AVE ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Bennett 39415 Dancers Lane Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDA, AL 39422 ENID AVE ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Christina Freer 39424 Ringwood Ave Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, JEAN 6523 BAHRS DR. ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, DON 39423 DANCERS LN ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Don Webster 39417 Bloss Dr. Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BYRD, GUY 6533 BAHRS DRIVE ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, ROY 39420 DANCERS LANE ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President
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.					
<b>SIGNATURE:</b> <i>Roy Bennett</i> <b>Roy Bennett</b>				3-12-08 8137827201	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	