

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20170

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

39444 DANCERS LANE
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

39444 DANCERS LANE
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 65-0019771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, JAMES
Address: 39415 DANCERS LANE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: FREER, CHRISTINA
Address: 39424 RINGWOOD AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SD () Delete
Name: MURRAY, JEAN
Address: 6523 BAHRIS DR.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TD () Delete
Name: WEBSTER, DON
Address: 39447 BLOSS DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP () Delete
Name: BYRD, GUY
Address: 6533 BAHR'S DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: P () Delete
Name: BENNETT, ROY
Address: 39420 DANCERS LANE
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURGHODORF, GERALD
Address: 39419 DANCERS LANE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D (X) Change () Addition
Name: BYRD, GUY
Address: 6533 BAHR'S DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: NICHOLS, JEAN
Address: 39442 ENID AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP (X) Change () Addition
Name: CHRISTINA, FREER
Address: 39424 RINGWOOD AVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY BENNETT

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date