

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90233 035 ****61.25

DOCUMENT # N25148

1. Entity Name
TWO RIVERS MOBILE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
JAMES NEWHOUSE
2800 MANTEE AVE. EAST
BRADENTON, FL 34208

Mailing Address
JAMES NEWHOUSE
119 LAZY AVENUE
BRADENTON, FL 34208

94061186



2. Principal Place of Business

Sue Putman
Suite, Apt. #, etc.
2800 Manatee Ave E

3. Mailing Address

Sue Putman
Suite, Apt. #, etc.
206 Fun Ave

03152004 Chg-NP CR2E037 (10/03)

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number
65-0034224

Applied For
Not Applicable

Zip

34208

Country

Manatee

Zip

34208

Country

Manatee

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

6. Name and Address of Current Registered Agent

PROUTY, STEVEN W.
2800 MANATEE AVENUE EAST
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **NEWHOUSE, JAMES**
STREET ADDRESS **119 LAZY AVENUE**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **VD** ☒ Delete
NAME **BELONGA, CHARLES**
STREET ADDRESS **507 DUNWURKEN LA**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **TD** ☒ Delete
NAME **PUTMAN, SUE**
STREET ADDRESS **206 FUN AVE**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **SD** ☒ Delete
NAME **ALLEN, ANN**
STREET ADDRESS **409 HARMONY**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **D** ☒ Delete
NAME **SOLOMON, DENNIS**
STREET ADDRESS **203 FUN AVE**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Sue Putman**
STREET ADDRESS **206 Fun Ave**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **VD** ☒ Change ☐ Addition
NAME **Mike Ebright**
STREET ADDRESS **312 Pension**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **TD** ☒ Change ☐ Addition
NAME **Kay Mawhorter**
STREET ADDRESS **B 28th St E**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **SD** ☒ Change ☐ Addition
NAME **Barbara Yakos**
STREET ADDRESS **319 Pension**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **D** ☒ Change ☐ Addition
NAME **Tom White**
STREET ADDRESS **109 Lazy**
CITY-ST-ZIP **Bradenton FL 34208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

941-749-5985

Daytime Phone #