


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90033 045 ****61.25

DOCUMENT # N25148 1. Entity Name TWO RIVERS MOBILE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business SUE PUTMAN 2800 MANTEE AVE. EAST BRADENTON, FL 34208		Mailing Address SUE PUTMAN 2800 MANTEE AVE. EAST BRADENTON, FL 34208	
2. Principal Place of Business Kay Mawhorter Suite, Apt. #, etc. 2800 Mantee Ave. East City & State Bradenton, FL Zip 34208 Country Mantee.		3. Mailing Address Kay Mawhorter Suite, Apt. #, etc. 2800 Mantee Ave. East City & State Bradenton, FL Zip 34208 Country Mantee.	
4. FEI Number 65-0034224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Spa... 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUTMAN, SUE 206 FUN AVE BRADENTON, FL 34208	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EBRIGHT, MIKE 312 PENSIM BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAWHORTER, KAY B 28TH ST E BRADENTON, FL 34208	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YAKOS, BARBARA 319 PENSIM BRADENTON, FL 34208	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, TOM 109 LAZY BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smuland, AL 104 Lazy Bradenton, FL 34208	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Kay Mawhorter Kay Mawhorter, 1/29/06 941-746-5405 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			