

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26105

1. Corporation Name
KING RICHARD'S MOBILE HOMEOWNERS ASSOCIATION, IN C.

119639-90086-22

Principal Place of Business 915 OAKFIELD DRIVE SUITE F BRANDON FL 33511	Mailing Address 915 OAKFIELD DRIVE SUITE F BRANDON FL 33511
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2. Principal Place of Business 21 10306 Big Bend Rd. Suite, Apt. #, etc. 22 City & State 23 RIVERVIEW FL Zip 24 33569 Country 25 Hills	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 04/26/1988	4. FEI Number 59-2491244 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**GRIFFIN, EILEEN H., ESQUIRE
 HAMPTON, STODDARD, GRIFFIN & RUNNELS PA
 915 OAKFIELD DRIVE, SUITE F
 BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DIMAIO, AL	
STREET ADDRESS	10306 BIG BEND RD #184	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MULHOLLAND-VIVIAN	
STREET ADDRESS	10306 BIG BEND RD SUITE 157	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARTIELLO, PATRICIA	
STREET ADDRESS	10306 BIG BEN DRD 137	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DIMAIO, AL	
STREET ADDRESS	10306 BIG BEND RD 184	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM WESTWORTH
4.3 STREET ADDRESS	10306 Big Bend Rd. 141
4.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE** *Patricia Martello* /26/99 813-677-6672
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)