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FILED

May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26485 (5)

1. Corporation Name

AMERICAN WAY ESTATES MOBILE HOMEOWNERS ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

4508 CENTRAL AVE.
ST. PETERSBURG FL 33711730 14TH ST NW #36
LARGO FL 33770-2281
US3. Date Incorporated or Qualified
05/18/19883a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

PINELLAS

29

30

PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN T ALLEN JR PA
4508 CENTRAL AVE
ST PETERSBURG FL 33711

81 Name

JOHN T. ALLEN, JR., ESQ. of

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

ALLEN & MALLER, P.A.

83

4508 Central Avenue

84 City

St. Petersburg

FL

85 Zip Code
33711

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 617.0603, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

NAME

KOMARA, LAURA

STREET ADDRESS

730 14TH ST NW 13

CITY-ST-ZIP

LARGO FL

TITLE

VP

NAME

BLAKE, MAY

STREET ADDRESS

730 14TH ST NW 23

CITY-ST-ZIP

LARGO FL

TITLE

ST

NAME

WARE, PAULA JEAN

STREET ADDRESS

730 14TH ST NW 38

CITY-ST-ZIP

LARGO FL

TITLE

T

NAME

WARE, PAULA JEAN

STREET ADDRESS

LOT 38, 730 14TH ST NW

CITY-ST-ZIP

LARGO FL

TITLE

D

NAME

REINER, NATALIE

STREET ADDRESS

LOT 35, 730 14TH ST NW

CITY-ST-ZIP

LARGO FL

TITLE

D

NAME

ELSIE HORNBY

STREET ADDRESS

LOT 21, 730 14TH ST, NW

CITY-ST-ZIP

LARGO FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P.

1.2 NAME

SANDRA THORBIN

1.3 STREET ADDRESS

730 14th Street N.W. # 1-A

1.4 CITY-ST-ZIP

Largo, Fla 33770

2.1 TITLE

V.P.

2.2 NAME

MARY WYNN

2.3 STREET ADDRESS

730 14th Street N.W. # 33

2.4 CITY-ST-ZIP

Largo, Fla 33770

3.1 TITLE

ST

3.2 NAME

SAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

TR

4.2 NAME

SAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

DIR

5.2 NAME

GORDON BEATON

5.3 STREET ADDRESS

730 14th STREET N.W. # 22

5.4 CITY-ST-ZIP

Largo, Fla 33770

6.1 TITLE

DIR

6.2 NAME

DOTTIE ROSNEK

6.3 STREET ADDRESS

730 14th Street N.W. # 32

6.4 CITY-ST-ZIP

Largo, Florida 33770

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049596

CP2E037 (9/96)