


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N26485** (5)

1. Corporation Name
AMERICAN WAY ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.

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| Principal Place of Business 4508 CENTRAL AVE. ST. PETERSBURG FL 33711 | Mailing Address 730 14TH ST NW. #36 LARGO, FL 33770 |
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| 2. Principal Place of Business, Florida St. Petersburg, Florida | 2a. Mailing Address 33731-1689 |
| 21. ATTORNEYS-AT-LAW | 26. Suite, Apt. #, etc. |
| 22. P.O. BOX 1689 | 27. City & State |
| 23. St Petersburg, FL | 28. City & State |
| 24. 33731-1689 | 29. USA |

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| 3. Date Incorporated or Qualified 05/18/1988 |
| 4. FEI Number 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent JOHN T. ALLEN JR PA ALLEN & WALLER P.A. 4508 CENTRAL AVE. ST PETERSBURG FL 33711 | |
| Karen E. Mailer, Esq. POWELL, CARNEY, HAYES & SILVERSTEIN Attorneys-at-Law P.O. BOX 1689 St Petersburg, FL 33731 | |

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| 10. Name and Address of New Registered Agent Karen E. Mailer Esq. Bennett Tower, One Progress Plaza, Suite 120 St. Petersburg, Florida | |
| 81. Name | 85. Zip Code FL 33731 |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |

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 *Karen E. Mailer* 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE P | <input checked="" type="checkbox"/> DELETE |
| NAME THORBIN, SANDRA | |
| STREET ADDRESS 730 14TH ST. N.W., #1-A | |
| CITY-ST-ZIP LARGO FL | |
| TITLE VP | <input checked="" type="checkbox"/> DELETE |
| NAME WYNN, MARY | |
| STREET ADDRESS 730 14TH ST. N.W., #33 | |
| CITY-ST-ZIP LARGO FL | |
| TITLE ST | <input type="checkbox"/> DELETE |
| NAME WARE, PAULA JEAN | |
| STREET ADDRESS 730 14TH ST NW 36 | |
| CITY-ST-ZIP LARGO FL | |
| TITLE T | <input type="checkbox"/> DELETE |
| NAME WARE, PAULA JEAN | |
| STREET ADDRESS LOT 36, 730 14TH ST NW | |
| CITY-ST-ZIP LARGO FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME BEATON, GORDON | |
| STREET ADDRESS 730 14TH ST., N.W. #22 | |
| CITY-ST-ZIP LARGO FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME ROSNEK, DOTTIE | |
| STREET ADDRESS 730 14TH ST., N.W. #32 | |
| CITY-ST-ZIP LARGO FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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| 1.1 TITLE P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME GORDON BEATON | |
| 1.3 STREET ADDRESS 730 14th Street N.W. #22 | |
| 1.4 CITY-ST-ZIP Largo, FL 33770 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME DOTTIE ROSNEK | |
| 2.3 STREET ADDRESS 730 14th Street N.W. # 32 | |
| 2.4 CITY-ST-ZIP Largo, FL 33770 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE SEC | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME SAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE TR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME SAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME ELSIE HORNBY #21 | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME RUTH HORN # 6 | |
| 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.

SIGNATURE: *Paula Jean Wynn* 3/30/98 813-585-4991

CFR2037 (10/97)