2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2006 8:00 am DOCUMENT # N26485 Secretary of State 1. Entity Name 05-09-2006 90089 010 ****61.25 AMERICAN WAY ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address ATTORNEYS-AT-LAW P. O. BOX 1689 ST. PETERSBURG FL 33731-1689 730 14TH ST NW "ARGO FJ 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALLER, ESQ. K Street Address (P.O. Box Number is Not Acceptable) ONE PRÓGRESS PLAZA, BARNETT TOWER STE 1210 P. O. BOX 1689 ST PETERSBURG FL 33731 City 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 CANTER BY FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLEDIR ☐ Delete ☐ Change ☐ Addition SIROLS FITZPATRICK, BARBARA NAME 730 14 th ST NW 45 730 14TH ST. NW, #38 STREET ADDRESS STREET ADDRESS LARGO FL 33770 LARGO FL 33770 City-St-7iP CITY-ST-7/P TITLE ☐ Defete TITLE DIK Addition ELBERT FITZ PATRIX ROLPH, LORNE C MARAF NAME 730 14TH STREET NW. #36 STREET ADDRESS STREET ADDRESS LARGO FL 33770 CITY-ST-ZIP LARGO FL 33770 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NICOLO, SUE NAME HAME STREET ADDRESS 730 14TH STREET NW, #5 STREET ADDRESS LARGO FL 33770 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Addition Delete ☐ Change NAME OWEN, MARY ANN NAME 730 14TH STREET NW, #37 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33770** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE WENZEL, RICHARD NAME NAME 730 14TH ST NW #16 STREET ADDRESS STREET ADDRESS LARGO FL 33770 CITY-ST-ZIP CITY-ST-ZIP ST THE ☐ Delete TIT: F ☐ Change Addition WARE, PAULA J NAME 730 14TH STREET NW, #36 STREET ADDRESS STREET ADDRESS LARGO FL 33770 CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to except 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 HILLS Allow

SIGNATURE III.