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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26607 (4)

1. Corporation Name
CONRAD MOBILE HOME PARK ASSOC., INC.

Principal Place of Business	Mailing Address
9333 PARK BOULEVARD. LOT #12-C SEMINOLE FL 34647	9333 PARK BOULEVARD. LOT #12-C SEMINOLE FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2921094 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

EMMONS, BARBARA
9333 PARK BLVD
LOT 19A
SEMINOLE FL 34647

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HICKS, DOROTHY	1.2 NAME	
STREET ADDRESS	9333 PRK BLVD., LOT B20	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☑ Change ☐ Addition
NAME	FLYE, IVAN	2.2 NAME	V FLYE IVAN
STREET ADDRESS	9333 PARK BLVD LOT 5B	2.3 STREET ADDRESS	9333 PARK BLVD LOT 5B
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	SEMINOLE, FL
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCAUGHEY, VIRGINIA	3.2 NAME	
STREET ADDRESS	9333 PRK BLVD LOT #13A	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CRAIG, ROY	4.2 NAME	
STREET ADDRESS	9333 PARK BLVD., LOT 12C	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	TRUSSELL, MARJORY	5.2 NAME	
STREET ADDRESS	9333 PRK BLVD LOT #14B	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	OUELLETTE, EMIL	6.2 NAME	
STREET ADDRESS	9333 PARK BLVD LOT 3D	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] (Roy L. CRAIG) Feb 28/95 - 813 393 4420
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067271