

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26607 (4)**

1. Corporation Name

**CONRAD MOBILE HOME PARK ASSOC., INC.**

Principal Place of Business <b>9333 PARK BOULEVARD, LOT #12-C SEMINOLE FL 34647</b>	Mailing Address <b>9333 PARK BOULEVARD, LOT #12-C SEMINOLE FL 33777-4147</b>
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2. Principal Place of Business <b>21 9333 Park Boulevard</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 9333 Park Boulevard</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/25/1988</b>	3a. Date of Last Report <b>03/04/1996</b>
<b>22 Lot #4-D</b> City & State		<b>27 LOT #4-D</b> City & State		4. FEI Number <b>59-2921094</b>	Applied For <input type="checkbox"/> Not Applicable
<b>23 Seminole Fl 33777</b> Zip Country		<b>28 Seminole Fl 33777</b> Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24 33777</b>	<b>25 US</b>	<b>29 33777</b>	<b>30 US</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>EMMONS, BARBARA 9333 PARK BLVD LOT 19A SEMINOLE FL 34647</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent <b>81 Name Emmons, Barbara</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 9333 Park Blvd.</b> <b>83 Lot 19-A FL</b> <b>84 City Seminole FL</b> <b>85 Zip Code 33777</b>	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, DOROTHY</b>	1.2 NAME	
STREET ADDRESS	<b>9333 PRK BLVD., LOT B20</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTNER, ERNEST</b>	2.2 NAME	<b>P</b>
STREET ADDRESS	<b>933 PARK BLVD, 18-B</b>	2.3 STREET ADDRESS	<b>Cartner, Ernest</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	2.4 CITY-ST-ZIP	<b>9333 Park Blvd. 18-B</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCAUGHEY, VIRGINIA</b>	3.2 NAME	<b>V</b>
STREET ADDRESS	<b>9333 PRK BLVD LOT #13A</b>	3.3 STREET ADDRESS	<b>McCaughey, Virginia</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	3.4 CITY-ST-ZIP	<b>9333 Park Blvd. Lot 13-A</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CRAIG, ROY</b>	4.2 NAME	<b>TD</b>
STREET ADDRESS	<b>9333 PARK BLVD., LOT 12C</b>	4.3 STREET ADDRESS	<b>McMurphy, Clyde</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	4.4 CITY-ST-ZIP	<b>9333 Park Blvd. Lot 4-D</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRUSSELL, MARJORY</b>	5.2 NAME	<b>SD</b>
STREET ADDRESS	<b>9333 PRK BLVD LOT #14B</b>	5.3 STREET ADDRESS	<b>Brenneman, Nancy</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	5.4 CITY-ST-ZIP	<b>9333 Park Blvd. Lot 3-A</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OUELLETTE, EMIL</b>	6.2 NAME	
STREET ADDRESS	<b>9333 PARK BLVD LOT 3D</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	6.4 CITY-ST-ZIP	

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: **Clyde McMurphy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97

M1 (517) 651 5334

F1 (813) 3914781

0051957

CR2E037 (9/96)