

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 9333 PARK BLVD. LOT 4-D SEMINOLE FL 33777 US	Mailing Address 9333 PARK BLVD. LOT 4-D SEMINOLE FL 33777 US
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3. Date Incorporated or Qualified

05/25/1988

4. FEI Number

59-2921094

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMMONS, BARBARA
9333 PARK BLVD
LOT 19-A
SEMINOLE FL 33777**

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 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	D	<input type="checkbox"/> DELETE
NAME	HICKS, DOROTHY	
STREET ADDRESS	9333 PRK BLVD., LOT B20	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARTNER, ERNEST	
STREET ADDRESS	933 PARK BLVD, 18-B	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCAUGHEY, VIRGINIA	
STREET ADDRESS	9333 PRK BLVD LOT #13A	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCMURPHY, CLYDE	
STREET ADDRESS	9333 PARK BLVD., LOT 4-D	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRENNEMAN, NANCY	
STREET ADDRESS	933E PARK BLVD., LOT 3-A	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OUELLETTE, EMIL	
STREET ADDRESS	9333 PARK BLVD LOT 3D	
CITY-ST-ZIP	SEMINOLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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:

Clyde McMurphy

CLYDE MCMURPHY
DIRECTOR

Clyde McMurphy 3/23/98

CF2E037 (10/97)