FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am § Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

03-04-1999 90114 037 ****70.00

DOCUMENT #	N26607

CONRAD MOBILE HOME PARK ASSOC., INC.

Principal Place of Business 9333 PARK BLVD. LOT 4-D SEMINOLE FL 33777

Mailing Address 9333 PARK BLVD. LOT 4-D SEMINOLE FL 33777

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Principal Place of Business 2a. Mailing Address			Mailing Address		3. Date incorporated or Qualifed 05/25/1988				
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Suite, Apt. #, etc.		4. FEI Number Applied For 59-292 1094 Not Applicable					
City & State		City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required					
24	Zip Country	29	Zip Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
9. Name and Address of Current Registered Agent			tered Agent	10. Name and Address of New Registered Agent					
-			81	П	Name				
EMMONS, BARBARA 9333 PARK BLVD		82		Street Address (P.O. Box Number is Not Acceptable)					
LOT 19-A		83							
SEMINOLE FL 33777			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 DIREC		13.		CHANGES TO C		DIRECTOR	RS IN 12	
TITLE	D	X DELETE	1.1 TITLE D				Change	Addition	
NAME	HICKS, DOROTHY		1.2 NAME	REINHOLD,	BYRON				
STREET ADDRESS	9333 PRK BLVD., LOT B20		1.3 STREET ADDRESS	9333 PRK	BLVD LO	T C-12			
C/TY-ST-ZIP	SEMINOLE FL		1.4 C(TY+ST-Z)P	SEMINOLE	FL			1	
TITLE	P	☐ DELETE	2.1 TITLE	-			☐ Change	☐ Addition	
NAME	CARTNER, ERNEST		2.2 NAME						
STREET ADDRESS	933 PARK BLVD, 18-B		2.3 STREET ADDRESS				~ - ··		
CITY-ST-ZIP	SEMINOLE FL		2. 4 CITY-ST-ZIP						
TITLE	V	☐ DELETE	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	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME	MCMURPHY, CLYDE		4. 2 NAME						
STREET ADDRESS	9333 PARK BLVD., LOT 4-D		4.3 STREET ADDRESS						
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	_					
TITLE	SD	K) DELETE	5.1 TITLE	LUCAS, WI	тма / в	TTTV)	Change	☐ Addition	
NAME	BRENNEMAN, NANCY		5.2 NAME SD	9333 PARK			1.1		
STREET ADDRESS			5.3 STREET ADORESS	9333 PAKN	DEAD.	LOI D.	11		
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	_					
TITLE	D	☐ DELETE	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 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, with all other like empowered.

SIGNATURE:

Trees. 2-8-99 727 39/4781