FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N31279 DOCUMENT #

(5)

KOZY MOBILE HOME PARK ASSOCIATION, INC.

						<u> 1911 Biolo Biolo Diali Diali</u> Dibli 11966 1996	
Principal Place of Business Mailing Address				1 18441141 404 14151 4151 1154 45514	ten dien dien eien eien eine ein, jaar		
C/O FRANK DEPUY LOT 73, 3113 CORTEZ RD W BRADENTON FL 34207 US		C/O FRANK DEPUY LOT 73, 3113 CORTEZ RD N BRADENTON FL 34207 US					
					Date Incorporated or Qualified	3a. Date of Last Report	
					03/21/1989	03/23/1995	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0109339	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation has liability for		
24	25				Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Registered Agent		Dd Nama	10. Name and Address of New H	egistered Agent	
			,	B1 Name			
DEPUY, F	Frank RTEZ Road W., Lot 73				82 Street Address (P.O. Box Number is Not Acceptable)		
	TON FL 34207			B3			
			į.	64 City		FL 85 Zip Code	
11 Pursuant t	n the provisions of Sections 617.0502	and 617.1508, Florida State	utes, the abov	re-named co	proporation submits this statement for the pur	rpose of changing its registered office	
or register	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was author	rized by the co	orporation's	board of directors. I hereby accept the app	cintment as registered agent. I am	
SIGNATURE _		and Maid and Control	N:OTE: Basistared	A sent signature re	equired when reinstating)	DATE	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ngerit signature re	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	Р	FE) DELETE	1.1 ŦŪ	LE	P - Dr.	☐☐Change ☐ Addition	
NAME	BOCKBRADER, MARION	•	1.2 NA	ME	Milliser, Patty 3113 Cortex Rd.W # Bradenton, FL 3		
STREET ADDRESS	3113 CORTEZ RD., W. #24		1.3 ST6	reet address	3113 Cortez Rd. WH	3	
CITY-ST-ZIP	BRADENTON FL		1.4 CiT	Y-ST-ZIP	Bradenton F2 3	4267	
TITLE	VP	DELETE	2 1 TIT	LE		Change Addition	
NAME	ROEMER, RONALD		2.2 NA	ME	Vacant		
STREET ADDRESS	3113 CORTEZ RD W, #36		2.3 STI	REET ADDRESS	Vacenc		
CITY-ST-ZIP	BRADENTON FL		2 4 Ci	TY-ST-ZIP			
TITLE	DT	DELETE	3,1 TIT	LE		no theree	
NAME	DEPUY, FRANK		3 2 NA	ME	1		
STREET ADDRESS	3113 CORTEZ RD., W. #73		3381	REET ADDRESS			
CITY - ST - ZIP	BRADENTON FL 34207			TY-ST-ZIP		Change Addition	
TITLE	D\$	∏ DELETE	4.1 7(1		$ \mathcal{D}_{ij} $		
NAME	BOCKBRADER, RUTH		4. 2 N		ElKins Brenda 3113 Cortez Rd W	п на	
STREET ADDRESS	3113 CORTEZ RD, W #105			REET ADDRESS	3113 Cortez Rd W	~>1	
C(TY-ST-Z)P	BRADENTON FL	TO A COL		TY-ST-ZIP	Bradenton, FZ 34:	Change Addition	
TITLE	D	DOELETE	5 1 TI		Manuelex Anna	The custode The vocations	
NAME	SCHWARZ, CHRIS		52 N/		Mayuder, Angelina 3113 Cortez Rd W	≠40	
STREET ADDRESS	3113 CORTEZ RD. W., #81			REET ADDRESS	ons corver ka w	10	
CITY - ST - ZIP	BRADENTON FL	Modern		TY - ST - ZIP	Bradenton, FZ 34	Change Addition	
TITLE		DELETE	6.1 TI			E Change E Rodition	
NAME			6.2 N/				
STREET ADDRESS				IREET ADDRESS			
CITY-ST-ZIP]		64 C	ITY - 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

3-15-96 941-75-45-79 Date Date Dayling Phone #

- A KARAMBA BAR SIKBA MAKIR MAKIR ATEKO KEKA DIBIN DABAH EKRAN BARM BARM BARM BARM BARM