2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N31279 1. Entity Name 04-19-2004 90313 040 ****61.25 KOZY MOBILE HOME PARK ASSOCIATION, INC. Principal Place of Business Mailing Address 3113 CORTEZ RD W LOT 54 BRADENTON FL 34207 3113 CORTEZ RD W LOT 54 **BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0109339 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLISER, PAT Street Address (P.O. Box Number is Not Acceptable) 3113 44TH AVE W 47 **BRADENTON FL 34207** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to. \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE . . ☐ Delete TITLE ☐ Change Addition DECORMIS, RICHARD NAME NAME 60. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP-CITY-ST-ZIP PD TITLE " ☐ Delete TITI E ☐ Change Addition NAME MILLISER, PAT NAME 3113 CORTEZ RD #47 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition BROCKBRADER, RUTH-NAME NAME 3113 CORTEZ RD LOT 24 STREET ADDRESS STREET ADDRESS BRADENTON FL 34207 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ELKINS, BRENDA NAME 3113 CORTEZ RD 51 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PITM MESTARED OR PRINTED NAME OF SIGNATURE AND TYPED OR DIRECTOR

4-16-0 4

FILED