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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33694

1. Corporation Name

PUTNAM MANUFACTURED HOUSING ASSOCIATION, INC.

Principal Place of Business

RT. #3. BOX 184
EAST PALATKA FL 32131

Mailing Address

RT. #3. BOX 184
EAST PALATKA FL 32131



2. Principal Place of Business

21 290 S. Hwy. #17

Suite, Apt. #, etc.

22 City & State

23 East Palatka, Fl.

Zip Country

24 32131 25 US

2a. Mailing Address

26 290 S. Hwy. #17

Suite, Apt. #, etc.

27 City & State

28 East Palatka, Fl.

Zip Country

29 32131 30 US

3. Date Incorporated or Qualified

08/14/1989

4. FEI Number

59-3004607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

ALVEREZ, COY
259 RIVER DR. E.
EAST PALATKA FL 32131

10. Name and Address of New Registered Agent

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

TITLE PD
NAME WILKINSON, BEN
STREET ADDRESS PALMETTO BLUFF ROAD
CITY-ST-ZIP BOSTWICK FL

☐ DELETE

TITLE STD
NAME LAKE, ROBERT A.
STREET ADDRESS IDLEWOOD DRIVE
CITY-ST-ZIP POMONA PARK FL

☐ DELETE

TITLE D
NAME ALVEREZ, COY
STREET ADDRESS 259 RIVER DRIVE
CITY-ST-ZIP EAST PALATKA FL

☐ DELETE

TITLE D
NAME BYRD, WILLIAM
STREET ADDRESS U.S. 17 SOUTH
CITY-ST-ZIP SAN MATEO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

SEC.

3/24/99

907-328-6193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)