

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41510

FILED
Jan 21, 2009
Secretary of State

Entity Name: FORT MEADE MOBILE HOME OWNERS ASSN., INC.

Current Principal Place of Business:

1010 E BROADWAY
FT. MEADE, FL 33841 US

New Principal Place of Business:

1046 SECOND STREET SE
FT. MEADE, FL 33841 US

Current Mailing Address:

1042 WISCONSIN ST. SE.
FORT MEADE, FL 33841 US

New Mailing Address:

1035 OHIO STREET SE
FORT MEADE, FL 33841 US

FEI Number: 59-3044269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERSON, GLENN
1022 NEW YORK ST SE.
FORT MEADE, FL 33841 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVERSON, GLENN
Address: 1022 NEW YORK STREET
City-St-Zip: FORT MEADE, FL 33841

Title: V () Delete
Name: HOLLAND, RON
Address: 1009 INDIANA STREET
City-St-Zip: FORT MEADE, FL 33841

Title: S () Delete
Name: ROUSCH, JEROME
Address: 1009 SECOND STREET
City-St-Zip: FORT MEADE, FL 33841

Title: T () Delete
Name: LIFER, GWYENNA
Address: 1042 WISCONSIN STREET
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EVERSON, GLENN PRES
Address: 1022 NEW YORK STREET SE
City-St-Zip: FORT MEADE, FL 33841

Title: V (X) Change () Addition
Name: HOLLAND, RON V-PRES
Address: 1009 INDIANA STREET SE
City-St-Zip: FORT MEADE, FL 33841

Title: S (X) Change () Addition
Name: RAUSCH, JEROME SEC'Y
Address: 1009 SECOND STREET SE
City-St-Zip: FORT MEADE, FL 33841

Title: T (X) Change () Addition
Name: STULL, SUSAN M TREAS
Address: 1035 OHIO STREET SE
City-St-Zip: FORT MEADE, FL 33841

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M STULL

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

Date