

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41864 (2)

1. Corporation Name

MOBILAND BY THE SEA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4682 BLUE JAY LANE
LOT 290
MELBOURNE FL 32935-4842
US

4682 BLUE JAY LANE
LOT #290-
MELBOURNE FL 32935-4842
US

3. Date Incorporated or Qualified
01/28/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2072 MOBILAND DRIVE

26 2072 MOBILAND DRIVE

4. FEI Number
59-3106726

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

MELBOURNE, FL

MELBOURNE, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 32935 25 U.S.

29 32935 30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORSEY, DENNIS E.
4682 BLUE JAY LANE
LOT #290
MELBOURNE FL 32935

81 Name BOUTHILLIER, RICHARD A.
82 Street Address (P.O. Box Number is Not Acceptable)
2072 MOBILAND DRIVE
83
84 City MELBOURNE, FL 85 Zip Code 32935

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

Richard A. Bouthillier S.D.

APRIL 25, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | MD | <input checked="" type="checkbox"/> DELETE |
| NAME | DORSEY, DENNIS E. | |
| STREET ADDRESS | 4682 BLUE JAY LANE | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | COVERTINO, FRANK | |
| STREET ADDRESS | 4683 BLUE JAY LANE | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SHOR, ETHEL | |
| STREET ADDRESS | 2998 MOBILAND DRIVE | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | DAYTON, JOAN | |
| STREET ADDRESS | 4673 BLUE JAY LANE | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SEDOR, STEVEN | |
| STREET ADDRESS | 4455 UTICA CIRCLE | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CONVERTINO, FRANK | |
| STREET ADDRESS | 4663 BLUE JAY LANE | |
| CITY-ST-ZIP | MELBOURNE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SD BOUTHILLIER, RICHARD A. |
| 4.3 STREET ADDRESS | 2072 MOBILAND DRIVE |
| 4.4 CITY-ST-ZIP | MELBOURNE, FL, 32935 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-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:

Steven Sedor SEDOR, STEVEN

APRIL 25, 1996

Date

Daytime Phone #

CR2E037 (12/95)