

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43118** (1)

1. Corporation Name  
**CONNOR'S MOBILE OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**2701 34ST. N.LOT 239 ST PETERSBURG FL 33713 US**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

3. Date Incorporated or Quashed **04/22/1991** 3a. Date of Last Report **01/23/1995**  
4. FEI Number **59-3055341** 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**  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PARADIS, KEN  
2701 34ST. N.LOT 239  
ST PETERSBURG FL 33713**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (Signature type, complete street address, telephone and fax numbers) (Title: Registered Agent Signature required when founded) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PARADIS, KEN</b>	
STREET ADDRESS	<b>2701 34TH ST. N., LOT 239</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BURKE, VERNON R</b>	
STREET ADDRESS	<b>2701 34TH ST. N., LOT 538</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, BILL</b>	
STREET ADDRESS	<b>2701 34TH ST. N., LOT 424</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOON, TONY</b>	
STREET ADDRESS	<b>2701 34TH ST LOT 517</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MACDONALD, CHAS</b>	
STREET ADDRESS	<b>2701 34TH ST. N., LOT 322</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BOULAIS, PAUL</b>	
STREET ADDRESS	<b>2701 34TH ST. N., LOT 306</b>	
CITY, ST, ZIP	<b>ST PETERSBURG FL</b>	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
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 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: *Chas J. Burke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 16, 1996*  
DATE

CR2E037 (12/95)