## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

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ER'S MOBILE OWNERS ASS	` '			1 186111W: 4H 01405 11101 (100)	<b>BEI (B</b> I) <b>B</b>   <b>B</b>  1 <b>G</b>  1	nii Birii Widii 1	1011 #3043 FMC1
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OT 239 3G FL 33713	2701 34ST. N.LOT 239 ST PETERSBURG FL 33713				ed		
	00			4. FEI Number		Α	pplied For
			· · · · · · · · · · · · · · · · · · ·	59-3055341	····		ot Applicable
lace of Business	<u> </u>			5. Certificate of Status Desired			Additional equired
#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	<del></del>	\$5.00	Mav Be
	27			Trust Fund Contribution			
9	<b>⊢</b> ′			7. Is this nonprofit corporation a			n?
Country		Country	,	G. This server with a sure of the			fa a attala
<del></del>	- <b>├</b> ── `		,				Tangible No
		00,	• • • • • • • • • • • • • • • • • • • •				
		81	Name				
S, KEN		82	Street Addr	ress (P.O. Box Number is Not Accer	table)		
ST. N.LOT 239					, , , , , , , , , , , , , , , , , , , ,		
RSBURG FL 33713		83					
		84	City			<b>85</b> Zip	Code
to the are delene of Continue 617 0500	2 and 617 1500 Elevido Statuto	a the char		agation or demits this statement for the		fabonalna	to roalstored
egistered agent, or both, in the State	of Florida. Such change was at	uthorized by	y the corporat	tion's board of directors. I hereby ac	cept the app	ointment as	registered
m familiar with, and accept the obliga	tions of, Section 617.0503, Flor	rida Statute:	S.				
Signature, typed or printed name of registered agen	it and title it applicable. (NOTE:	Registered Age	ent signature requir	red when reinstating)	DATE		
		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIDECTO	30 (1) 1 4 0
•	☐ DELETE	1.1 TITLE	l l		1 10210 7112		
PARADIS, KEN					TIOLITO AINE	☐ Change	Addition
2701 34TH ST. N., LOT 239		1.2 NAME			TIQLITO AIVE		
•		1.3 STREET	T ADDRESS		TIOLIO AINE		
ST. PETERSBURG FL	L her ere	1.3 STREET 1.4 CITY - S			TIOLITO AINE	Change	☐ Addition
ST. PETERSBURG FL T	☐ DELETE	1.3 STREET 1.4 CITY - S 2.1 TITLE			TIOLI IO PAVE		
ST. PETERSBURG FL T BURKE, VERNON R	L DELETE	1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME	ST-ZIP		TIOLI IO PAVE	Change	☐ Addition
ST. PETERSBURG FL T BURKE, VERNON R 2701 34TH ST. N., LOT 538	DELETE	1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET	ST-ZIP		TIGE TO PARE	Change	☐ Addition
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ST. PETERSBURG FL T BURKE, VERNON R 2701 34TH ST. N., LOT 538 ST. PETERSBURG FL S ROGERS, BILL 2701 34TH ST. N., LOT 424	_	1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS ST-ZIP		TOLIO AND	☐ Change	Addition Addition
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	e of Business OT 239 IG FL 33713  Country 25  Name and Address of Current Country 15  NEN ST. N.LOT 239 IRSBURG FL 33713  To the provisions of Sections 617.0502 Egistered agent, or both, in the State on familiar with, and accept the obligations Signature, typed or printed name of registered agent OFFICERS AND	e of Business  Mailing Address  OT 239  2701 34ST. N.LOT 239 ST PETERSBURG FL 33713 US  Page of Business  2a. Mailing Address 2b. Mailing Address 2c. Mailing Address	e of Business  Mailing Address  2701 34\$T. N.LOT 239 BY PETERSBURG FL 33713 US  Take of Business  28. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. City & State 28. Country 25. 29. 30. State 29. Name and Address of Current Registered Agent  St. N.LOT 239 RSBURG FL 33713  83. KEN  ST. N.LOT 239 RSBURG FL 33713  84. Othe provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. Such change was authorized by an familiar with, and accept the obligations of, Section 617.0503, Florida Statute  Signature, typed or printed name of registered agent and title It applicable. (NOTE Registered Agent of Floridars, typed or printed name of registered agent and title It applicable. (NOTE Registered Agent por Floridars, typed or printed name of registered agent and title It applicable. (NOTE Registered Agent por Floridars, typed or printed name of registered agent and title It applicable. (NOTE Registered Agent por Floridars, typed or printed name of registered agent and title It applicable. (NOTE Registered Agent)	ER'S MOBILE OWNERS ASSOCIATION, INC.  e of Business  Mailing Address  2701 34\$T. N.LOT 239  37 PETERSBURG FL 33713  US  ace of Business  28. Mailing Address  26.  #, etc.  Suite, Apt. #, etc.  27  29  Country  21  Country  22  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  Mailing Address  27  29  Country  20  Country  21  Country  22  Street Address  23  Country  24  Country  25  Country  26  Country  27  28  Country  28  Country  29  30  Name  81  Name  82  Street Address  83  84  City  Country  Co	ER'S MOBILE OWNERS ASSOCIATION, INC.  a of Business  Mailing Address  OT 239  GFL 33713  ST PETERSBURG FL 33713  US  20. Mailing Address  24. Mailing Address  26. Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signature, Nyed or privided name of registered agent and title if applicable.  City & Statutes.  City & Statutes, the above-named corporation's board of directors. I hereby acm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ER'S MOBILE OWNERS ASSOCIATION, INC.  e of Business  Mailing Address  OT 239  2701 34ST. N.LOT 239  ST PETERSBURG FL 33713  US  3. Date incorporated or Qualified  04/22/1991  4. FEI Number  59-3055341  ace of Business  2a. Mailing Address  2b. Suite, Apt. #, etc.  27  3. Date incorporated or Qualified  04/22/1991  4. FEI Number  59-3055341  5. Certificate of Status Desired  7. Is this nonprofit corporation a homeowner  28  Country  27  Country  27  Country  28  Country  29  30  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered  31  Name  32  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  10 the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appring mainling with, and accept the obligations of, Section 617.0503, Florida Statutes.  Signature, byed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	e of Business

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2701 34TH ST. N., LOT 306

ST PETERSBURG FL

**FILED** 

Jan 28 1998 8:00am

Secretary of State