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NONPROFIT CORPORATION ANNUAL REPORT

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

1999

DOCUMENT # **N43118** (1)

1. Corporation Name
CONNER'S MOBILE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2701 34ST. N LOT 209 207 306
ST PETERSBURG FL 33713
US

3. Date Incorporated or Qualified
04/22/1991

4. FEI Number **59-3055341** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
~~PARADIS, KEN~~
~~2701 34ST. N LOT 209~~
~~ST PETERSBURG FL 33713~~

10. Name and Address of New Registered Agent

81 Name **Bouhais, Paul**

82 Street Address (P.O. Box Number is Not Acceptable)
2701 34TH ST. N Lot 306

83

84 City **ST. PETERSBURG** FL 85 Zip Code **33713**

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 *Paul Bouhais* **Paul Bouhais** DATE **March 31/99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PARADIS, KEN	
STREET ADDRESS	2701 34TH ST. N., LOT 209	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURKE, VERNON R	
STREET ADDRESS	2701 34TH ST. N., LOT 538	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, BILL	
STREET ADDRESS	2701 34TH ST. N., LOT 424	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOON, TONY	
STREET ADDRESS	2701 34TH ST LOT 517	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACDONALD, CHAS	
STREET ADDRESS	2701 34TH ST. N., LOT 322	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOULAIS, PAUL	
STREET ADDRESS	2701 34TH ST. N., LOT 306	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOULAIS, PAUL	
1.3 STREET ADDRESS	2701 34TH ST. N. LOT 306	
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARNES, PHIL	
3.3 STREET ADDRESS	2701 34TH ST. N. LOT 519	
3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MACLEOD, RICH	
5.3 STREET ADDRESS	2701 34TH ST. N. LOT 135	
5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PARADIS, KEN	
6.3 STREET ADDRESS	2701 34TH ST. N. LOT 207	
6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713	

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.

SIGNATURE: *Vernon R. Burke* **VERNON R. BURKE** DATE **Mar 31/99**