


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N43118		
1. Entity Name CONNER'S MOBILE OWNERS ASSOCIATION, INC.		
Principal Place of Business 2701 34ST. N.LOT 313 ST PETERSBURG FL 33713 US		Mailing Address 2701 34ST. N.LOT 313 ST PETERSBURG FL 33713 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
TANGUAY, LOUISETTE M 2701 34ST. N.LOT 313 ST PETERSBURG FL 33713		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligation of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		



MOORE CR2E037 (11/03)

4. FEI Number 59-3055341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TANGUAY, LOUISETTE 2701 34TH STREET N. LOT 313 SAINT PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete U00000038747 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/06/04-80148-023 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUGRE, RONALD 2701-34TH ST N LOT #420 SAINT PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAREST, DORIS 2701 - 34TH STREET N. LOT 524 SAINT PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOULAIS, PAUL 2701-34TH ST N LOT #306 SAINT PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACLEOD, RICH 2701 - 34TH STREET N. LOT 135 SAINT PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGNE, GASTON 2701 - 34TH STREET NORTH LOT 405 SAINT PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Jesselle M. Tarrisa L. Martel Tanguay Jan 29 727 327-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #