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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N45654** **(3)**

1. Corporation Name

TIP TOP VILLAGE MOBILE HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14600 S TAMIAMI TR LOT 109 97 FT MYERS FL 33912 US	14600 S TAMIAMI TR LOT 109 97 FT MYERS FL 33912 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1991
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-3090774 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Lot 97	Suite, Apt. #, etc. 27 Lot 97
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GONTHIER, PATRICIA
14600 S TAMIAMI TRL
LOT 109
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: MEDEIROS, LINDA, M
82 Street Address (P.O. Box Number is Not Acceptable): 14600 S. TAMIAMI TR Lot 97
83 Ft Myers Lot 97
84 City: Ft Myers FL 85 Zip Code: 33912

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Linda M. Medeiros Linda M Medeiros Treasurer 4/3/95
Signature, typed & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☐ Change ☐ Addition
NAME	BABESH, JOSEPH	12 NAME	PADDOCK, LAVONNE
STREET ADDRESS	14600M S TAMIAMI TR STE 12	13 STREET ADDRESS	14600 S. TAMIAMI TR Lot 1
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	Ft Myers, Fl
TITLE	DVP	21 TITLE	DVP ☐ Change ☐ Addition
NAME	KRISINGER, BILL	22 NAME	KRISINGER, BILL
STREET ADDRESS	14600 S TAMIAMI TRL STE 91	23 STREET ADDRESS	14600 S. TAMIAMI TR Lot 91
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	Ft Myers, Fl
TITLE	DS	31 TITLE	DS ☐ Change ☐ Addition
NAME	TETREAULT, GERRY	32 NAME	GROUVER, JUNE
STREET ADDRESS	14600 S TAMIAMI TRL STE 94	33 STREET ADDRESS	14600 S. TAMIAMI TR
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	Ft Myers, Fl
TITLE	DT	41 TITLE	DT ☐ Change ☐ Addition
NAME	GONTHIER, PATRICIA	42 NAME	~~MEDEIROS, LINDA, M~~ (ERROR)
STREET ADDRESS	14600 S. TAMIAMI TRAIL #108	43 STREET ADDRESS	MEDEIROS, LINDA, M.
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	14600 S. TAMIAMI TR Lot 97 Ft Myers, Fl
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Linda M. Medeiros Treasurer 3/13/95 (813) 482-2247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0069700