FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

14600 S TAMIAMI TR

LOT 97

N45654

(3)

Mailing Address
14600 \$ TAMIAMI TR

LOT 97

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

FT MYERS FL 33912		FT MYERS FL 33912-194 US	8		3. Date Incorporated or Qualified 3a. Date of Last Report	
US		US			10/17/1991 04/09/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For 59-3090774 Not Applied	
21		26			TWO Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip 	Country	Zip	Count	ry	8. This corporation has liability for intangible tox under s. 199.032 Florida Statutes Yes X No	
24 25 29 30 9. Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent	
	<u> </u>		8	1 Name		
MEDEIR	OS, LINDA M.		ـ ا	2 Ctroot	S A P E	
14600 S. TAMIAMI TR.			"	Street Address (P.O. Box Number is Not Acceptable)		
LOT 97			83			
FT MYERS FL 33912			l.	84 City 85 Zip Code		
11, Pursuant t	o the provisions of Sections 617.0	502 and 617.1508, Florida Stat	utes, the abo	ve-named	ned corporation submits this statement for the purpose of changing its register corporation's board of directors. I hereby accept the appointment as registere	
agent. I a	egistered agent, or both, in the Sta m familiar with and agoept the gol	igations of Section 617.0503, I	s authorized Florida Statut	es.	corporation's board of directors. Thereby accept the appointment as registere	
SIGNATURE	Lindla Dr. Th	cillulas L	in da	m	MEDE 1805 3/2-8/7/	
//	Signature, typed or printed name of registered a	<u> </u>		gent signatur	ature required when reinstating) DATE	
12.	DP OFFICERS A	ND DIRECTORS DELETE	13. 13 Titu	50	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PADDOCK, LAVONNE	E Decere	1.2 NAM	~;		
NAME CTOSST ADDRESS	14600 S. TAMIAMI TRAIL L	OT €		EY ADDRESS	14600 S. TAMIAMI TR 6+99	
STREET ADDRESS	FT. MYERS FL	0 1 1		-ST-ZIP	SS Ft myere, Fl	
CITY-S1-ZIP TITLE	DVP	DELETE	2.1 TITL		Change Add	
NAME	RICHARD ANDERSON		2.2 NAM	E	Paddock, LAVOKNE SS 14600 S. TAMIAMI TR Lot 1	
STREET ADDRESS	14600 S TAMIAMI, LOT #9	9	2.3 STRE	ET ADDRESS	SS LYGOD S. TAMIAMI TR 641	
CITY-ST-ZIP	FT. MYERS FL		2 4 CIT	r-ST-ZIP	Ft myers, Fl	
TITLE	DS	DELETE	3.1 TITLI		Change Add	
NAME	GROOVAR, JUNE	*	3.2 NAM	E		
STREET ADDRESS	14600 S TAMIAMI TRL STE	. 94	3.3 STR	ET ADDRESS	SS	
CiTy - S1 - ZiP	FT. MYERS FL			-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 1111		Change Add	
NAME	MEDEIROS, LINDA M.	67	4. 2 NAA			
STREET ADDRESS	14600 S TAMIAMI TR LOT	5 1	•	ET ADDRESS	55	
CITY-ST-ZIP	FT. MYERS FL	DELETE	4.4 CITY 5.1 TITL	-\$T- <i>Z</i> IP	Change Add	
TITLE		U precie	5.1 HILL 5.2 NAM		Li compe Li nou	
NAME CTREET ADDRESS				et address	ec l	
STREET ADDRESS				-ST-ZIP	35	
CITY - ST - ZIP TITLE		☐ DELETE	6.1 TITL		Change Add	
NAME			6.2 NAM			
STREET ADDRESS				ET ADDRESS	ss	
CITY-ST-ZIP				-ST-ZIP		
14. I do herel	by certify that the information supp	lied with this filing does not qui	alify for the e	xemption	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	
informatio	in indicated on this annual report of fficer or director of the corporation	r supplemental annual report is or the receiver or trustee empt	s true and ac owered to ex	curate and ecute this	and that my signature shall have the same legal effect as if made under oath; nis report as required by Chapter 617, Florida Statutes; and that my name	
appears i	n Block 12 or Block 13 if changed,	or on an attachment with an a	ddress.		y	

SIGNATURE:

2/28/97

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FILED

Mar 06 1997 8:00am

Secretary of State