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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45654** (3)

1. Corporation Name

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



Principal Place of Business	Mailing Address
14800 S TAMiami TR LOT 97 FT MYERS FL 33912 US	14800 S TAMiami TR LOT 97 FT MYERS FL 33912 US

3. Date Incorporated or Qualified <b>10/17/1991</b>	
4. FEI Number <b>59-3090774</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
MEDEIROS, LINDA M. 14800 S. TAMiami TR. LOT 97 FT MYERS FL 33912	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 Linda M. MEDEIROS / Linda M. Medeiros DATE 2/12/98

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, RICHARD
STREET ADDRESS	14800 S TAMiami TR LOT 99
CITY-ST-ZIP	FT. MYERS FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	PADDOCK, LAVONNE
STREET ADDRESS	14800 S TAMiami TR LOT 1
CITY-ST-ZIP	FT. MYERS FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	GROOVAR, JUNE
STREET ADDRESS	14800 S TAMiami TRL STE 94
CITY-ST-ZIP	FT. MYERS FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	MEDEIROS, LINDA M.
STREET ADDRESS	14800 S TAMiami TR LOT 97
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald HUSMAN
1.3 STREET ADDRESS	14600 S. TAMiami TR Lot # 4
1.4 CITY-ST-ZIP	Ft Myers, FL 33912
2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ed HARRIS
2.3 STREET ADDRESS	14600 S. TAMiami TR Lot # 99
2.4 CITY-ST-ZIP	Ft Myers, FL 33912
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vicki Fessler
3.3 STREET ADDRESS	14600 S. TAMiami TR Lot # 109
3.4 CITY-ST-ZIP	Ft Myers, FL 33912
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Linda M. MEDEIROS / Linda M. Medeiros DATE 2/12/98 941-482-7917

CR2E037 (10/97)