

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N46804** (3)  
1. Corporation Name  
**CAUSEWAY MOBILE HOME OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**601 SEAWAY DR.  
LOT MAA  
FORT PIERCE FL 34949**

Mailing Address  
**601 SEAWAY DR.  
LOT MAA  
FORT PIERCE FL 34949**

3. Date Incorporated or Qualified  
**01/13/1992**

3a. Date of Last Report  
**03/15/1995**

4. FEI Number  
**65-0379963**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29** **30**

9. Name and Address of Current Registered Agent

**DEICHLER, RUTH  
601 SEAWAY DRIVE  
LOT G-5  
FORT PIERCE FL 34949**

10. Name and Address of New Registered Agent

**81** Name  
**ANTHONY PARRELLA**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**601 SEAWAY DR. LOT G 24**

**83** **FORT PIERCE, FL. 34949**

**84** City **FORT PIERCE, FL** **85** Zip Code **34949**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEICHLER, RUTH,	
STREET ADDRESS	601 SEAWAY DRIVE LOT G-5	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	YEAGER, HAROLD	
STREET ADDRESS	601 SEAWAY DR. LOT G 18	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOPKINS, SALLY	
STREET ADDRESS	601 SEAWAY DRIVE LOT A33	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KENT,, ELSA	
STREET ADDRESS	601 SEAWAY DRIVE LOT D2	
CITY-ST-ZIP	FT. PIERCE 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARRELLA, ANTHONY	
1.3 STREET ADDRESS	601 SEAWAY DR. LOT G 24	
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34949	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YEAGER, HAROLD	
2.3 STREET ADDRESS	601 SEAWAY DR. LOT G 18	
2.4 CITY-ST-ZIP	FORT PIERCE, FL 34949	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EILEEN BATES	
3.3 STREET ADDRESS	601 SEAWAY DR. LOT G 11	
3.4 CITY-ST-ZIP	FORT PIERCE, FL 34949	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JUNE GARMAN	
4.3 STREET ADDRESS	601 SEAWAY DRIVE LOT H 23	
4.4 CITY-ST-ZIP	FORT PIERCE, FL 34949	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001753780	
5.3 STREET ADDRESS	-03/22/96--01013--019	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	M.M.	
6.3 STREET ADDRESS	3-21-96	
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/96 461-1534

CP2E037 (12/95)