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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

601 SEAWAY DR.  
LOT MAA  
FORT PIERCE FL 34949601 SEAWAY DR.  
LOT MAA  
FORT PIERCE FL 34949-31043. Date Incorporated or Qualified  
01/13/19923a. Date of Last Report  
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARRELLA, ANTHONY  
601 SEAWAY DRIVE  
LOT G-24  
FORT PIERCE FL 34949

81 Name

PARRELLA, ANTHONY

82 Street Address (P.O. Box Number is Not Acceptable)

601 SEAWAY DR. LOT G5

83

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: *Anthony Parrella*  
Signature, typed or 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 PD  
NAME PARELLA, ANTHONY  
STREET ADDRESS 601 SEAWAY DRIVE LOT G 24  
CITY-ST-ZIP FORT PIERCE FL 34949 ☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD  
NAME YEAGER, HAROLD  
STREET ADDRESS 601 SEAWAY DRIVE LOT G 18  
CITY-ST-ZIP FORT PIERCE FL 34949 ☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S  
NAME BATES, EILEEN  
STREET ADDRESS 601 SEAWAY DRIVE LOT G 11  
CITY-ST-ZIP FORT PIERCE FL 34949 ☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD  
NAME GARMAN, JUNE  
STREET ADDRESS 601 SEAWAY DRIVE LOT H 23  
CITY-ST-ZIP FORT PIERCE FL 34949 ☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
T  
RUTH DEICHLER  
601 SEAWAY DR LOT G 5  
FORT PIERCE FL 34949 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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: X *Anthony Parrella*

2/18/97

CR2E037 (9/96)