2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

	ANNUAL	REPURI		•	Comotom	of Ctate	^		
	MENT # N9300000	1253	, ·	Secretary of State 03-28-2005 90067 033 ****78.75					
1. Entity Name BONNY SHORES MOBILE HOME PARK CORPORATION				. ~	03 20 2003 9000	, 033 , 76.73			
	ce of Business	Mailing Address	_						
		115 BONNY SHORES DE LAKELAND, FL 33801	15 BONNY SHORES DR AKELAND, FL 33801		B155 (MN 4271 92X) 52M 42M1 40M1		•		
2. Principal Place of Business 3. Ma		3. Mailing Address	Aailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP CR2	E037 (10/03)			
City & State		City & State	City & State		508	Applied Fo	$\overline{}$		
Zip _	Country	Zip	Country	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required			
<u>. </u>	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Register	ad Agent			
WARD, LO	DIS M		Name	Name					
115 BONN	NY SHORES DR D, FL 33801		Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
A The show	e named entity submits this statement f	or the purpose of changing to	agistarad affice or	rocietored agent or both	_				
the obliga	itions of registered agent.	or the purpose of changing its in	egistered onice of	registered agent, or botti	, in the state of Florida. Th	im lamiliar with, and acc	сері		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreture required when renatating) DATE									
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2005 Trust Fund Contribut									
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHAI	NGES TO OFFICERS AND	DIRECTORS IN 10			
TITLE	PD	Delete	TITLE		KELLY		dition		
NAME	DOERR, ALFRED		NAME	129 BO	NHYSHOR	ES DR.			
STREET ADDRESS CITY-ST-ZIP	141 BONNYSHORES DR LAKELAND, FL 33801		STREET ADDRESS CITY-ST-ZEP	LANGIAN	L FL 220				
TITLE	VD	☐ Delete	TITLE	VD. O.B	b. FL. 338	Change Add			
NAME	SCHULTZ, FREDERICK H	LI Delete	MALE	505	PAUL		aillon		
STREET ADDRESS	85 BONNY SHORES DR		STREET ADDRESS	73 BONA	tyshores is	R.	ı		
CITY-ST-ZEP	LAKELAND, FL 33801		CITY-ST-ZIP	LAKELAND	14340RE5 13 FL. 39861				
_TITLE	WYRE, RITA	Delete		J-RITA W	R.Y E	Change _ 🔲 Add	dition		
NAME Street Address	97 BONNY SHORES DR	•	NAME Street address	97 BONN	ŸSHOR€S, D	R.	ľ		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	LAKELAN	D, FL. 338	01	ı		
TITLE	S	☐ Delete	TITLE	S. DONN	A OKRY	Change Add	dition		
NAME	PADGETT, BILLIE		NAME	79 BONA	YS HORES C	DR.			
STREET ADDRESS CITY-ST-ZIP	100 BONNY SHORES DR LAKELAND, FL 33801		STREET ADDRESS CITY-ST-ZIP		40, FL. 33				
TITLE	RAT	☐ Delete	-				dition		
NAME	WARD, LOIS M	La Delete	NAME	TOE WINK	DKAY Snorps, D	— merionanya L∐AQU	umuli		
STREET ADDRESS	155 BONNY SHORES DR		STREET ADDRESS	79 BONNY	SHORPS, D	R·_	j		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	LAKEL	DENT	3801			
TITLE		☐ Delete	a	アガラブ ヤマダブ!	DENT	Change Add	ditlon		
NAME STREET ADDRESS			NAME	ALLKER	DOFRR				

STRET ADDRESS
CITY-ST-ZP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KELLY COL	- Kelly.	3/22/05	863-667 0925
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNS	NG OFFICER OR DIRECTOR	Date	Daytime Phone #