2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

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DOCUMENT # N9300001253 1. Entity Name BONNY SHORES MOBILE HOME PARK CORPORATION					Secretary of State 01-27-2006 90028 046 ****70.00						
BONNY	SHORES MODILE HOME FA	ARR CORFORATION									
	e of Business SHORES DRIVE L 33801	Mailing Address 115 BONNY SHORES DR LAKELAND, FL - 33801			* * *	*5 444.	a and a second of				
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Suite, Apt.	#, etc. 2	Suite, Apt. #, etc.	•		01152006 Ch	ng-NP CR2	E037 (11/05)				
City & Stat	and FC.	La Keland,	たし		4. FEI Number 65-039950	8		oplied For ot Applicable			
zip 3380	Country	2 ² 2801	Country		5. Certificate of St	atus Desired 🗓	\$8.75 Add Fee Required				
3 780	6. Name and Address of Current	Registered Agent	<u> </u>	4	7. Name and Add	ress of New Register					
WARD, LO	DIS M	-	Name	- C	MO4 JO	seph					
115 BONN	IY SHORES DR D, FL 33801		Street A	ddress (P	O. Box Number is t	Not Acceptable)					
LAKELANI	D, FL 33001	1	600	B	Sunna	hares D	<u>շ</u>				
		,	City	Lak	pland	F	L Zip Cod	2 SN			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept											
the obligat	lions of registered agent.	, , ,						,			
SIGNATURE COUNTY Signature, typed or printed number of registered agent and title if applicable. UNOTE: Registered Agent signature required when reinstating) DATE DATE								e :			
	Signature, typed or primed name of registered agent to	and title if applicable. (NOTE:	Registered Agent eignate	ure required w	when reinstating)	, DA	E				
	Filling Fee is \$61.25 Due by May 1, 2006	and the it applicable. ((NOTE:9. Election Camp Trust Fund Ca	paign Financing		\$5.00 May Be Added to Fees	Make ch	eck payable to partment of St				
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution.	[] AI	\$5.00 May Be Added to Fees DDITIONS/CHANG	Make ch Florida De ES TO OFFICERS AND	eck payable to partment of SI DIRECTORS IN	tate			
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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:	Coudy 2 colph (Cinog Joseph)	(-23-06	
	SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #	
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