

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-27-2006 90028 046 ****70.00

DOCUMENT # N93000001253 1. Entity Name BONNY SHORES MOBILE HOME PARK CORPORATION					
Principal Place of Business 141 BONNY SHORES DRIVE LAKELAND, FL 33801			Mailing Address 115 BONNY SHORES DR LAKELAND, FL 33801		
2. Principal Place of Business 73 Bonny Shores Dr Suite, Apt. #, etc.		3. Mailing Address 73 Bonny Shores Dr Suite, Apt. #, etc.			
City & State Lakeland FL Zip 33801		City & State Lakeland FL Zip 33801		4. FEI Number 65-0399508	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, LOIS M 115 BONNY SHORES DR LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Cindy Joseph Street Address (P.O. Box Number is Not Acceptable) 60 Bonny Shores Dr City Lakeland FL Zip Code 33801		
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 obligations of registered agent. SIGNATURE <u>Cindy Joseph, Secretary</u> DATE <u>1-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		---9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, JOHN 129 BONNYSHORES DR LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bob Paul 73 Bonny Shores Dr Lakeland FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL, BOB 73 BONNYSHORES DR LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bill Plicka 79 Bonny Shores Dr Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYRE, RITA 97 BONNY SHORES DR LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cindy Joseph 60 Bonny Shores Dr Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OKAY, DONNA 79 BONNYSHORES DR LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Agent Cindy Joseph 60 Bonny Shores Dr Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGNT OKAY, DONNA 79 BONNYSHORES DR LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPR DOERR, ALFRED 141 BONNYSHORES DR LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPR DOERR, ALFRED 141 BONNYSHORES DR LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cindy Joseph (Cindy Joseph) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-23-06</u> Daytime Phone #	