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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003000 (7)**
1. Corporation Name
GRAPE HAMMOCK MOBILE HOMEOWNERS, INC.



Principal Place of Business GRAPE HAMMOCK PARK #13 LAKE WALES FL 33853	Mailing Address GRAPE HAMMOCK PARK #13 LAKE WALES FL 33853
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3. Date Incorporated or Qualified 06/28/1993
4. FEI Number 59-3193285
Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**DELONG, CHARLES
GRAPE HAMMOCK PARK #13
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent	
81 Name Charles E. DeLong	
82 Street Address (P.O. Box Number is Not Acceptable) 13 Grape Hammock Pk.	
83	
84 City Lake Wales	85 Zip Code FL 33853

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DELONG, CHARLES
STREET ADDRESS	GRAPE HAMMOCK PARK #13
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DELONG, THELMA
STREET ADDRESS	GRAPE HAMMOCK PARK #13
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HAMILTON, NORMA
STREET ADDRESS	34 GRAPE HAMMOCK PARK
CITY-ST-ZIP	LAKE WALES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RITTER, ELSIE
STREET ADDRESS	GRAPE HAMMOCK PARK #13
CITY-ST-ZIP	LAKE WALES FL 33853
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	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elsie Ritter
1.3 STREET ADDRESS	14 Grape Hammock Pk
1.4 CITY-ST-ZIP	Lake Wales, FL 33853
2.1 TITLE	Sec. Frances Brooks <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	13 Grape Hammock Park
2.3 STREET ADDRESS	Lake Wales FL 33853
2.4 CITY-ST-ZIP	
3.1 TITLE	Norma Hamilton D V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	34 Grape Hammock Park
3.3 STREET ADDRESS	Lake Wales FL 33853
3.4 CITY-ST-ZIP	
4.1 TITLE	Treas. Frank Ritter D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	14 Grape Hammock Pk.
4.3 STREET ADDRESS	Lake Wales FL 33853
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Charles E. DeLong*

2-11-98

CP2E037 (10/97)