2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90081 036 ****61.25

DOCUMENT # N93000005794

1. Entity Name

SOUTHFORK MOBILE HOME OWNERS ASSN. INC.

Principal Place of Business	Mailing Address
10852 TUMBLEWEED DR DADE CITY FL 33525 US	10852 TUMBLEWEED DR DADE CITY FL 33525 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3218261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GASTON, ROBERT O
11121 EWING DRIVE
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name: MARIELLE P. QUAIN
Street Address (P.O. Box Number is Not Acceptable): 11019 MAVERICK DR.
City: DADE CITY **FL** Zip Code: 33525

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: M. P. Quain MARIELLE P. QUAIN 3/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P RUFFNER, LARRY 38751 BRAHMAN DR DADE CITY FL 33525	☑ Delete	P LAFOREST, WILLIAM 11119 MESQUITE DR DADE CITY FL 33525	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KUEHL, JOHN 11035 EWING DR DADE CITY FL 33525	☑ Delete	DOWNS, SHIRLEY VP 11105 PALAMINO DR. DADE CITY FL 33525	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARIELLE QUAIN, MARILLE P 11019 MAVERICK DR. DADE CITY FL 33525	☐ Delete	SECRETARY DOT CASH 11207 MESQUITE DR DADE CITY FL 33525	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALLERSTEIN, FRIEDA 11025 HAVERICK DR DADE CITY FL 33525	☐ Delete	DIRECTOR ANITA WARSCHKOW 11045 MAVERICK DR DADE CITY FL 33525	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, LES 11114 MUSTANG DR DADE CITY FL 33525	☐ Delete	DIRECTOR LARE, PEGGY 11119 MAVERICK DR DADE CITY FL 33525	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOWNS, SHIRLEY 11105 PALAMINO DR DADE CITY FL 33525	☑ Delete	DIRECTOR KENNEY, RICHARD 11050 PALAMINO DR DADE CITY FL 33525	☐ Change ☑ Addition

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: William LaForest 3/16/04 352-523-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM LAFOREST