

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90162 024 ****61.25

DOCUMENT # N93000005794					
1. Entity Name SOUTHFORK MOBILE HOME OWNERS ASSN. INC.					
Principal Place of Business 10852 TUMBLEWEED DR DADE CITY, FL 33525 US			Mailing Address 10852 TUMBLEWEED DR DADE CITY, FL 33525 US		
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUAIN, MARIELLE P 11019 MAVERICK DR DADE CITY, FL 33525			Name PHYLLIS GROSSI Street Address (P.O. Box Number is Not Acceptable) 11150 MESQUITE DR DADE CITY 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: <u>Phyllis Grossi, Treasurer - Phyllis Grossi</u> DATE: <u>3/24/05</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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME LAFOREST, WILLIAM STREET ADDRESS 11119 MESQUITE DR CITY-ST-ZIP DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete				
TITLE V NAME DOWNS, SHIRLEY STREET ADDRESS 11105 PALMAINO DR CITY-ST-ZIP DADE CITY, FL 33525	<input type="checkbox"/> Delete				
TITLE T NAME QUAIN, HARILLE P STREET ADDRESS 11019 MAVERICK DR. CITY-ST-ZIP DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete				
TITLE D NAME BALLERSTEIN, FRIEDA STREET ADDRESS 11025 HAVERICK DR CITY-ST-ZIP DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete				
TITLE D NAME MYERS, LES STREET ADDRESS 11114 MUSTANG DR CITY-ST-ZIP DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete				
TITLE S NAME CLAY, DOT STREET ADDRESS 11207 MESQUITE DR CITY-ST-ZIP DADE CITY, FL 33525	<input type="checkbox"/> Delete				
TITLE BAILEY, EVERETT NAME 11028 EWING DR. STREET ADDRESS DADE CITY, FL 33525 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (P)				
TITLE PEGGY LARE NAME 11119 MAVERICK DR STREET ADDRESS DADE CITY, FL 33525 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D)				
TITLE GROSSI, PHYLLIS NAME 11150 MESQUITE DR STREET ADDRESS DADE CITY, FL 33525 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (+)				
TITLE PETE LOGOYDA NAME 11206 MESQUITE DR STREET ADDRESS DADE CITY, FL 33525 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D)				
TITLE AGNES MITCHELL NAME 11201 MESQUITE DR STREET ADDRESS DADE CITY, FL 33525 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D)				
TITLE BOB SANBORN NAME 35729 BRAHMAN DR STREET ADDRESS DADE CITY, FL 33525 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D)				
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: <u>Everett Bailey</u> 352-521-6933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

EVERETT BAILEY

(see attached)

ATTACHMENT

40053102
N93000005794

Southfork Mobile Home Park Association

US Highway 98
Dade City, Fl. 33525

February 28, 2005

To Whom It May Concern:

Following nominations at our January, 2005 Regular meeting of the Association,
an election of officers and directors was held on February 28th, 2005.

The officers for 2005 are:

Everett Bailey	- President
Shirley Downs	- Vice-President
Phyllis Grossi	- Treasurer
Dorothy Cady	- Secretary

The directors for 2005 are:

Peggy Lare
Pete Logoyda
Agnes Mitchell
Bob Sanborn

Martha Witham
11053 MESQUITE DR.
DADE CITY 33525

Respectfully submitted

Dorothy E. Cady

Dorothy E. Cady
Secretary