


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90001 019 ****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	
6. Name and Address of Current Registered Agent GROSSI, PHYLLIS 11150 MESQUITE DR DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P EVERETT, BAILEY 1025 EWING DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOROTHY Cady 11207 MESQUITE DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOWNS, SHIRLEY 11105 PALMAINO DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETE LOGOYDA 11206 MESQUITE DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROSSI, PHYLLIS 11150 MESQUITE DR DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL LOGAN 10927 TUMBLEWEED DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGOYDA, PETE 11206 MESQUITE DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NETTA TIERNEY - (D) 11151 EWING DR DADE CITY, FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, AGNES 11201 MESQUITE DR DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY BOLIN 10851 TUMBLEWEED DR DADE CITY, FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAY, DOT 11207 MESQUITE DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL LAFOREST 11119 MESQUITE DR DADE CITY, FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Phyllis Grossi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PHYLLIS GROSSI			2/21/06 352-567-6105 /Date Daytime Phone #		

D. BOB SANBORN
38729 BRAHMAN DR

X Addition

ATTACHMENT

40017282

N93000005794

Southfork Mobile Home Owners Association

January 23, 2006

To Whom It May Concern:

At the January Annual Meeting of the Association, the following officers were elected for the year 2006.

President:	Dorothy Cady
Vice President:	Peter Logoyda
Secretary:	Carol Logan
Treasurer:	Phyllis Grossi

Directors:	Agnes Mitchell
	Bob Sanborn
	Netta Tierney
	Mary Bolin
	Bill La Forest

Sincerely,

Carol L. Logan

Carol L. Logan
Secretary