


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90018 042 ****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 - No P.O. Box #		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"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <u>Susan Peltier</u> Street Address (P.O. Box Number is Not Acceptable) <u>10945 Tumbleweed Dr.</u> City <u>Dade City</u> <u>FL</u> Zip Code <u>33525</u>	
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>Susan Peltier</u> <u>Susan Peltier, Treas.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-12-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee \$561.25 Due by May 1, 2007		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 CADY, DOROTHY 11207 MESQUITE DR DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frieda Ballerstein 11025 Maverick Dr. Dade City FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOGOYDA, PETE 11206 MESQUITE DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Ernie Sluder 11140 Ewing Dr. Dade City FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOGAN, CAROL 10927 TUMBLE WEED DR DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Agnes Mitchell 11201 Mesquite Dr. Dade City FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIERNEY, NETTA 11151 EWING DR DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Susan C Peltier 10945 Tumbleweed Dr. Dade City FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLIN, MARY 10851 TUMBLE WEED DR DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bob Downs 11105 Palamino Dr. Dade City FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L LAFOREST, BILL 11119 MESQUITE DR DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LAFOREST, Bill 11119 MESQUITE DR Dade City FL 33525	<input checked="" type="checkbox"/> Change <input 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: <u>Susan Peltier</u> <u>Susan Peltier</u> <u>3-12-07</u> <u>(352) 521-0033</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

See attached

40036033 ATTACHMENT #N93000005794
SOUTHFORK MOBILE HOME OWNERS ASSOCIATION
10852 TUMBLEWEED DRIVE
DADE CITY, FLORIDA 33525

January 2, 2007

To Whom It May Concern:

On Monday, December 18, 2006, the Southfork Mobile Home Owners Association held a Special Meeting. At this meeting the officers were elected for the year 2007 as follows:

President	-	Dorothy Cady
Vice President	-	Ernie Sluder
Secretary	-	Agnes Mitchell
Treasurer	-	Susan Peltier
Directors	-	Mary Bolin
		Netta Tierney
		Bill La Forest
		Bob Downs
		Frieda Ballerstein

Sincerely,



Agnes M. Mitchell
Secretary