

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001539 (5)

1. Corporation Name

BONFIRE RENTAL MOBILE HOMEOWNERS INC.

Principal Place of Business

**97 JODI AVE.
LEESBURG FL 34788**

Mailing Address

**97 JODI AVE.
LEESBURG FL 34788**



3. Date incorporated or Qualified
03/29/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DROLSHAGEN, DONALD
97 JODI AVE.
LEESBURG FL 34788**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **PUCKETT, CARSON**
STREET ADDRESS **396 KRISTI DR**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **Donald A Drolshagen**
1.3 STREET ADDRESS **97 Jodi Av**
1.4 CITY-ST-ZIP **Leesburg FL 34788**

TITLE **DV** ☐ DELETE
NAME **GINLEY, VINCE**
STREET ADDRESS **561 TAMMI DR**
CITY-ST-ZIP **LEESBURG FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Donald Hayes**
2.3 STREET ADDRESS **574 Tammi Dr**
2.4 CITY-ST-ZIP **Leesburg FL 34788**

TITLE **DS** ☒ DELETE
NAME **WOODS, GWENDOLYN**
STREET ADDRESS **511 KIMBERLEY**
CITY-ST-ZIP **LEESBURG FL**

3.1 TITLE **W** ☐ Change ☐ Addition
3.2 NAME **Wilfred Du Prey**
3.3 STREET ADDRESS **686 Cindi Av**
3.4 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **DT** ☐ DELETE
NAME **HJARLAN, DORIS**
STREET ADDRESS **206 ALLYSON RD**
CITY-ST-ZIP **LEESBURG FL**

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME **Doris Harlan**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JENNINGS, JAMES**
STREET ADDRESS **210 ALLYSON RD**
CITY-ST-ZIP **LEESBURG FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PROUGH, HERSCHEL**
STREET ADDRESS **638 JSTI DR**
CITY-ST-ZIP **LEESBURG FL**

6.1 TITLE **DS** ☐ Change ☒ Addition
6.2 NAME **Prough, Herschel**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Donald A Drolshagen Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/96

904-728-8674

CR2E037 (12/95)