

FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34788-2419**



3. Date Incorporated or Qualified **03/29/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3234327</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
22	27	28	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	30	
24	25		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DROLSHAGEN, DONALD A.</b>	1.2 NAME	<b>Moore, Wilfred</b>
STREET ADDRESS	<b>97 JODI AVENUE</b>	1.3 STREET ADDRESS	<b>754 LOCK RD</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	1.4 CITY-ST-ZIP	<b>LEESBURG FL 34788-2419</b>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GINLEY, VINCE</b>	2.2 NAME	<b>Margaret Reagle</b>
STREET ADDRESS	<b>561 TAMMI DR</b>	2.3 STREET ADDRESS	<b>203 ALLYSON RD</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	<b>LEESBURG, FL 34788-2419</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUPREY, WILFRED</b>	3.2 NAME	<b>Jennings, James</b>
STREET ADDRESS	<b>686 CINDI AVENUE</b>	3.3 STREET ADDRESS	<b>210 ALLYSON RD</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	<b>LEESBURG, FL 34788-2419</b>
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>HARLAN, DORIS</b>	4.2 NAME	
STREET ADDRESS	<b>206 ALLYSON RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>JENNINGS, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>210 ALLYSON RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>PAUGH, HERSCHEL</b>	6.2 NAME	
STREET ADDRESS	<b>638 JSTI DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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** 4/25/97 352-748-8674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070659

CR2E037 (9/96)