FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000001539 (5)

ВС	onfire rental mobile ho	MEOWNERS INC.						
Principal	Place of Business	Mailing Address			1 (0044) The 1214 Ordin 24(1) 44(1) 64(1) 44(1) 44(1)	921 21103 11116 1211 (401		
97 JODI LEESBUR	AVE. RG FL 34788	97 JODI AVE. LEESBURG FL 34788			3. Date Incorporated or Qualified 03/29/1994			
					4. FEI Number 59-3234327	Applied For Not Applicable		
_	ipal Place of Business	2a. Mailing Address 26 AMC			5. Certificate of Status Desired	8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
City & State		City & State	~		7. Is this nonprofit corporation a homeowners association? Yes No			
Zip 24	Country 25	Zip 29	Countr	у	8. This corporation owes or has paid the current Personal Property Tax due June 30.	′ — ·		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	· · · · · · · · · · · · · · · · · · ·		81	Name				
DROLSHAGEN, DONALD 97 JODI AVE.				82 Street Address (P.O. Box Number is Not Acceptable)				
LEESBURG FL 34788			83	83 / M				
			84	' (FL °			
11. Pure	suant to the provisions of Sections 617	.0502 and 617.1508, Florida Statute	s, the abov	e-named corporation	pration submits this statement for the purpose of chapping board of directors. I hereby accept the appoint	anging its registered ment as registered		

						FL						
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	• • • • • • • • • • • • • • • • • • • •	DELETE	1.1 TIFLE			☐ Change	Addition					
NAME	DROLSHAGEN, DONALD A.	_	1.2 NAME									
STREET ADDRESS	97 JODI AVENUE		1.3 SYREET ADDRESS	I								
CITY-ST-ZIP	LEESBURG FL	,	1.4 CITY - ST - ZIP									
TITLE	DV	DELETE	2.1 TIFLE	Willow	Roene	☐ Change	Addition					
NAME	GINLEY, VINCE	`	2.2 NAME D	745 Jack	20	A 12						
STREET ADDRESS	SOI TAMMI DR		2.3 SYREET ADDRESS	172 0001	2000 70	D.R						
City-ST-ZIP	LEESBURG FL		2. 4 CITY-ST-ZIP	Lesleny	, 34188 Flo.							
TITLE	DV	DELETE	3.1 TITLE	Walse Bon	insion	Change	Addition					
NAME	JENNINGS, JAMES		3.2 NA	20156		D.R.						
STREET ADDRESS	210 ALLYSON RD		3.3 STREET ADDRESS	131 SM	MILL	6	•					
CITY-ST-ZIP	LEESBURG FL		3.4. CITY-ST-ZIP	Joesburn	480.34/80)						
TMLE	DT	DELETE	4.1 TITLE	0	<i>,</i>	Change	Addition					
NAME	HARLAN, DORIS		4.2 NAME									
STREET ADDRESS	206 ALLYSON RD		4.3 STREET ADDRESS									
CITY-ST-ZIP	LEESBURG FL		4.4 C-TY - ST- ZIP				1 4 4400					
TITLE	9	DELETE	5.1 TITLE ST	Mousether	Ke g gle	☐ Change	Addition					
NAME	JENNINGS, JAMES		5.2 N.AME 🎾	203 all	1 pon 4 that	D. K						
STREET ADDRESS	210 ALLYSON NO		5.3 STREET ADDRESS	P 0.	34788 The.							
CITY-ST-ZIP	LEESBURG FL	Marie Tre	5.4 C·TY-ST-ZIP	Jeestin	34/88 + KO.	Change	Addition					
TITLE		DELETE	6.1 THTLE	water Wa	olitica	L Glange	Modificial					
NAME	-PAOUGH, HERSCHEL		6.2 NUME 1920~	790 Sa	ndi lli.							
STREET ADDRESS	€38 ,ISTI DR		6.3 STREET ADDRESS	900 Days	241798							
CITY-ST-ZIP	LEESBURG FL		6.4 C TY - ST - ZIP	Liuscong	51/00	al	1-5					

I hereby certify that the information supplied with this filling 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 suppliemental 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 exporte 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.

FILED

May 18 1998 8:00am

Secretary of State

Sorry the Solar but my Lusband, Donald Brobsbagen went nite the pospetal on Opril 26 1998 and get home May 6 1998 Added to the men I did, to four filing form kere in a better reading of new mames: Wilford Keene 745 Toch Road Jeesburg 34788 Fla. Walter Boomker 131 Skanswon Leesburg 34788 Tla. Margaret Reagle __ 203 allyson aood

Walter Doolettle 790 Sandi Drui Leesburg 34788 Fla. d-foanse Drotshagen signed my husband same for him. I hope this meats you O.K. Thank your