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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003473 (5)

1. Corporation Name

JULIA PARK MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

16500 SLATER RD #39
NORTH FT MYERS FL 33917

16500 SLATER RD #39
NORTH FT MYERS FL 33917-6625

3. Date Incorporated or Qualified
07/14/1994

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

SELL, RALPH
16500 SLATER RD #39
NORTH FT MYERS FL 33917

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 RALPH SELL CHAIRMAN

(NOTE: Registered Agent signature required when reinstating)

4/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME SELL, RALPH
STREET ADDRESS 16500 SLATER RD #39
CITY-ST-ZIP NORTH FT MYERS FL 33917

1.1 TITLE CHAIRMAN ☐ Change ☐ Addition
1.2 NAME RALPH SELL
1.3 STREET ADDRESS 16500 SLATER RD #39
1.4 CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE D ☐ DELETE
NAME MARSHALL, LARRY
STREET ADDRESS 16500 SLATER RD #73-A
CITY-ST-ZIP NORTH FT MYERS FL 33917

2.1 TITLE DIRECTOR ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LANCASTER, MARGARET
STREET ADDRESS 16500 SLATER RD #30
CITY-ST-ZIP NORTH FT MYERS FL 33917

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME GRAHAM, JAY
STREET ADDRESS 16500 SLATER RD #32
CITY-ST-ZIP NORTH FT MYERS FL 33917

4.1 TITLE ~~BOOPPEL DEL~~ ☐ Change ☒ Addition
4.2 NAME ~~16500 SLATER RD #32~~
4.3 STREET ADDRESS ~~N. FT. MYERS FL 33917~~
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RICCI, JOHN
STREET ADDRESS 16500 SLATER RD #88
CITY-ST-ZIP NORTH FT MYERS FL 33917

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)