

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000003473

1. Corporation Name
JULIA PARK MOBILE HOME OWNERS ASSOCIATION
16500 SLATER RD #39
N. FT. MYERS, FL. 33917

Principal Place of Business Mailing Address
16500 SLATER RD #39 N. FT. MYERS, FL. 33917 SAME.

2. Principal Place of Business 2a. Mailing Address
21 JULIA PARK 26 16500 SLATER RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 LOT #39
23 N. FT. MYERS, FL.
Zip Country Zip Country
24 33917 25 29 33917 30 LEE

3. Date Incorporated or Qualified
14 JULY 1994

4. FEI Number 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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
RALPH W. SELL
16500 SLATER RD #39
N. FT. MYERS, FL. 33917

10. Name and Address of New Registered Agent

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 617.1509, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN	<input type="checkbox"/> DELETE
NAME	RALPH W. SELL	
STREET ADDRESS	16500 SLATER RD #39	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	LARRY MARSHALL	
STREET ADDRESS	16500 SLATER RD #73A	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	MARGARET LANCASTER	
STREET ADDRESS	16500 SLATER RD #30	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	JAY D. GRAHAM	
STREET ADDRESS	16500 SLATER RD #32	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JOAN RICCI	
STREET ADDRESS	16500 SLATER RD #88	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR ROBERT KEERAN
4.3 STREET ADDRESS	16500 SLATER RD #8
4.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	00000248840
6.3 STREET ADDRESS	-04/14/98--01070--013
6.4 CITY-ST-ZIP	***61.25

14. I 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: Ralph W. Sell (RALPH W. SELL) 4/11/98 941-543-4519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me/Phone #

CR2E037 (10/97)