


FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90110 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003473

1. Corporation Name

JULIA PARK MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

16500 SLATER RD #39
NORTH FT. MYERS FL 33917

Mailing Address

16500 SLATER RD #39
NORTH FT. MYERS FL 33917

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/14/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	
24	25	29
30		

9. Name and Address of Current Registered Agent

SELL, RALPH
16500 SLATER RD #39
NORTH 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 617.1508, 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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELL, RALPH	1.2 NAME	D PAUL BOWEN
STREET ADDRESS	16500 SLATER RD #39	1.3 STREET ADDRESS	16500 SLATER RD #39
CITY-ST-ZIP	NORTH FT MYERS FL 33917	1.4 CITY-ST-ZIP	N. FT. MYERS, FL - 33917
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, LARRY	2.2 NAME	
STREET ADDRESS	16500 SLATER RD #73-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33917	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCASTER, MARGARET	3.2 NAME	NOT REPLACING THIS DELEGATE
STREET ADDRESS	16500 SLATER RD #30	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33917	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEERAN, ROBERT	4.2 NAME	
STREET ADDRESS	16500 SLATER RD #32	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33917	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCI, JOHN	5.2 NAME	
STREET ADDRESS	16500 SLATER RD #88	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33917	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Ralph Sell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECORDED

3/20/99

Date

941-543-4519

Daytime Phone #

CR2E037-11/98