2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# N94000003473

Entity Name: JULIA PARK MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16500 SLATER RD
LOT #51
NORTH FT. MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

16500 SLATER RD
LOT #51
NORTH FT. MYERS, FL 33917

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOBLES, WAYNE
16500 SLATER ROAD
LOT 51
NORTH FT MYERS, FL 33917 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: NOBLES, WAYNE
Address: 16500 SLATER ROAD, LOT #51
City-St-Zip: NORTH FT MYERS, FL 33917

Title: T ( ) Delete
Name: GRIMSLEY, BONNIE
Address: 16500 SLATER ROAD, LOT #45
City-St-Zip: NORTH FT MYERS, FL 33917

Title: D ( ) Delete
Name: BEAUVAIS, ROLAND
Address: 16500 SLATER ROAD, LOT #22
City-St-Zip: NORTH FT MYERS, FL 33917

Title: D ( ) Delete
Name: SWANSON, BILL
Address: 16500 SLATER ROAD, LOT #59
City-St-Zip: NORTH FT MYERS, FL 33917

Title: S ( ) Delete
Name: NOBLES, JO-ANN
Address: 16500 SLATER ROAD, LOT #51
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: LANDES, DAVID
Address: 16500 SLATER ROAD, LOT #46
City-St-Zip: NORTH FT MYERS, FL 33917

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: NOBLES, WAYNE
Address: 16500 SLATER ROAD, LOT #51
City-St-Zip: NORTH FT MYERS, FL 33917

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE NOBLES D 04/16/2006
Electronic Signature of Signing Officer or Director — Date