## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000003473

FILED Apr 21, 2007 Secretary of State

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

| Surrent P  | rincipal Place   | of Business:  |                  | New Princ  | ipal Place o              | f Business:   |          |
|--|--|---|------------------|--|---------------------------|---|----------|
| _OT #51  | ATER RD<br>T. MYERS, FL  | 33917   |                  | 16500 SLA<br>LOT #45<br>NORTH FT   | TER RD<br>T. MYERS, F     | L 33917   |          |
| Current Mailing Address:   |  |   |                  | New Mailing Address:   |                           |   |          |
| _OT #51  | ATER RD<br>T. MYERS, FL  | 33917   |                  | 16500 SLA<br>LOT #45<br>NORTH FT   | TER RD                    | L 33917   |          |
| El Number  |  | FEI Number Applied For  | () FEI Nun       | nber Not Appli   |                           | Certificate of Status Desire  | ed ( )   |
| Name and   | d Address of C   | Current Registered Age  | ent:             | Name and   | Address of                | New Registered Agent:   |          |
| NOBLES, WAYNE<br>6500 SLATER ROAD<br>.OT 51<br>NORTH FT MYERS, FL 33917 US               |  |   |                  | NOBLES, WAYNE<br>412 RUSHMORE AVE SOUTH<br>LEHIGH ACRES, FL 33936 US                                 |                           |   |          |
|  | e named entity :<br>e of Florida.  | submits this statement fo   | or the purpose o | f changing it  | s registered              | office or registered agent,   | or both, |
| SIGNATURE:   |  |   |                  |  |                           | 04/21/2007  |          |
|  | Electror   | nic Signature of Register   | ed Agent         |  |                           | Date  |          |
|  |  |   |                  |  |                           |   |          |
| FFICER   | S AND DIREC  | TORS:   |                  | ADDITION   | S/CHANGE:                 | S TO OFFICERS AND DI  | RECTOF   |
| itle:<br>lame:<br>.ddress:   | C ( )<br>LANDES, DAVI<br>16500 SLATER  | ) Delete  |                  | ADDITION  Title: Name: Address: City-St-Zip:   |                           | S TO OFFICERS AND DI ) Change ( ) Addition  | RECTOI   |
| DFFICER itle: lame: .ddress: bity-St-Zip: lame: .ddress: bity-St-Zip:                    | C ( )<br>LANDES, DAVI<br>16500 SLATER<br>NORTH FT MYI<br>T ( )<br>GRIMSLEY, BO<br>16500 SLATER   | ) Delete<br>D<br>: ROAD, LOT #46<br>ERS, FL 33917<br>) Delete   |                  | Title:<br>Name:<br>Address:  | (                         |   | RECTOI   |
| itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: | C ( ) LANDES, DAVI 16500 SLATER NORTH FT MYI  T ( ) GRIMSLEY, BC 16500 SLATER NORTH FT MYI  D ( ) BEAUVAIS, RO 16500 SLATER  | D Delete D ROAD, LOT #46 ERS, FL 33917 Delete DNNIE ROAD, LOT #45 ERS, FL 33917   |                  | Title: Name: Address: City-St-Zip: Title: Name: Address:   | (                         | ) Change ( ) Addition   | RECTO    |
| ritle:<br>lame:<br>.ddress:<br>.bity-St-Zip:<br>ritle:<br>lame:<br>.ddress:              | C ( ) LANDES, DAVI 16500 SLATER NORTH FT MYI  T ( ) GRIMSLEY, BO 16500 SLATER NORTH FT MYI  D ( ) BEAUVAIS, RO 16500 SLATER NORTH FT MYI  D ( ) NORTH FT MYI  NORTH FT MYI  NOBLES, WAY 16500 SLATER | D Delete D ROAD, LOT #46 ERS, FL 33917 Delete DNNIE ROAD, LOT #45 ERS, FL 33917 Delete LAND ROAD, LOT #22 ERS, FL 33917 |                  | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: | D ( NOBLES, WA 412 RUSHMO | ) Change ( ) Addition ) Change ( ) Addition ) Change ( ) Addition  X) Change ( ) Addition | RECTO    |

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 04/21/2007