

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000112 (1)**

1. Corporation Name  
**VENETIAN MOBILE HOME OWNERS, INC.**



Principal Place of Business: 5475 3RD LANE N, ST. PETERSBURG FL 33703  
Mailing Address: ~~X 1475 3RD LANE N~~ ST. PETERSBURG FL 33703  
**Chester C. Evans, Sr.**  
**5520 2nd Way North**  
**St. Petersburg, FL 33703**

3. Date Incorporated or Qualified: 01/09/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: 59-2504898  
Applied For: [Blank] / 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

2. Principal Place of Business: 21 [Blank]  
2a. Mailing Address: 26 [Blank]  
Suite, Apt. #, etc.: 22 [Blank] / Suite, Apt. #, etc.: 27 [Blank]  
City & State: 23 [Blank] / City & State: 28 [Blank]  
Zip: 24 [Blank] / Country: 25 [Blank] / Zip: 29 [Blank] / Country: 30 [Blank]

9. Name and Address of Current Registered Agent: FORD, EDWIN I, 2310 WEST BAY DR., LARGO FL 34640  
10. Name and Address of New Registered Agent: 81 Name: [Blank], 82 Street Address (P.O. Box Number is Not Acceptable): [Blank], 83 [Blank], 84 City: [Blank], 85 Zip Code: FL [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DVP PR</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BURELL, THOMAS</b>		1.2 NAME: <b>HAZELWOOD, JACK</b>	
STREET ADDRESS: <b>164 55th. PLACE N</b>		1.3 STREET ADDRESS: <b>117 54th TERRACE N</b>	
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>		1.4 CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE: <b>DVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KREST, MARK</b>		2.2 NAME: <b>SMITH, ROLAND</b>	
STREET ADDRESS: <b>148 56th TERRACE N</b>		2.3 STREET ADDRESS: <b>5624 1st. WAY N</b>	
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>		2.4 CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>EVANS, CHESTER</b>		3.2 NAME: <b>HLAVA, EILEEN</b>	
STREET ADDRESS: <b>5520 2nd WAY N</b>		3.3 STREET ADDRESS: <b>5624 1st. LANE N</b>	
CITY-ST-ZIP: <b>ST PETERSBURG</b>		3.4 CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PELUSO, ANELLO</b>		4.2 NAME: <b>REINKER, EDWARD</b>	
STREET ADDRESS: <b>157 54th TERRACE N</b>		4.3 STREET ADDRESS: <b>104 BARNARD BLVD. N</b>	
CITY-ST-ZIP: <b>ST PETERSBURG, FL</b>		4.4 CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>COTE, LIONEL</b>		5.2 NAME: [Blank]	
STREET ADDRESS: <b>172 55th PLACE N</b>		5.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: <b>ST PETERSBURG FL</b>		5.4 CITY-ST-ZIP: [Blank]	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GOODFELLOW, BARBARA</b>		6.2 NAME: [Blank]	
STREET ADDRESS: <b>230 GREENVILLE AVE. N.</b>		6.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: <b>ST PETERSBURG FL</b>		6.4 CITY-ST-ZIP: [Blank]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Chester C. Evans, Treas.* 3/12/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: [Blank] (Day) (Month) (Year)

CR2E037 (12/95)