


FILE NOW: FILING FEE IS \$61.25

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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 C/O CHESTER C. EVANS SR. 5520 2ND WAY NORTH ST. PETERSBURG FL 33703-2304 US
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3. Date Incorporated or Qualified 01/09/1995	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2504898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PR	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURELL, THOMAS		1.2 NAME Hlava, Eileen	
STREET ADDRESS 164 55TH PLACE NORTH		1.3 STREET ADDRESS 1st. Lane North	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP St. Petersburg, FL 33703	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE GOODFELLOW, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PELUSO, ANELLO		2.2 NAME 230 Greenville Avenue North	
STREET ADDRESS 157 54TH TERRACE NORTH		2.3 STREET ADDRESS St. Petersburg, FL	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP St. Petersburg, FL	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COTE, LIONEL		3.2 NAME Peluso, Sonny	
STREET ADDRESS 172 55TH PLACE NORTH		3.3 STREET ADDRESS 130 54 Terrace North	
CITY-ST-ZIP ST. PETERSBURG FL		3.4 CITY-ST-ZIP St. Petersburg, FL, 33703	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODFELLOW, BARBARA		4.2 NAME	
STREET ADDRESS 230 GREENVILLE AVNUE N		4.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KREST, MARK		5.2 NAME	
STREET ADDRESS 148 56TH TERRACE N.		5.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS, CHESTER		6.2 NAME	
STREET ADDRESS 5475 3RD LANE N 5520 2nd. Way, North		6.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33703		6.4 CITY-ST-ZIP	

14. I do 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: **Chester C. Evans, T. REQUIRED** 14 Jan 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049974

CR2E037 (9/96)