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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000112

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 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 01/09/1995	4. FEI Number 59-2504898	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HLAVA, EILEEN	
STREET ADDRESS	1ST LANE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PELUSO, ANELLO	
STREET ADDRESS	157 54TH TERRACE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURRELL, TOM	
STREET ADDRESS	164 55TH PLACE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAZELWOOD, JACK	
STREET ADDRESS	117 54TH TERRACE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KREST, MARK	
STREET ADDRESS	148 56TH TERRACE N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	EVANS, CHESTER	
STREET ADDRESS	5520 2ND WAY, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roland Smith	
1.3 STREET ADDRESS	5625 2nd. Way N.	
1.4 CITY-ST-ZIP	St. Petesburg, FL	
2.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Arthur LeBlanc	
2.3 STREET ADDRESS	5425 1st. Way N.	
2.4 CITY-ST-ZIP	St. Petersburg, FL	
3.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tony D'Amico	
3.3 STREET ADDRESS	159 Barnard Blvd. N.	
3.4 CITY-ST-ZIP	St. Petersburg, FL	
4.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stan Harding	
4.3 STREET ADDRESS	5461 1st. Way N.	
4.4 CITY-ST-ZIP	St. Petersburg, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Chester Evans 02/03/99 727-527-5364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)