

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 # N95000001194 (8)

1. Corporation Name

BRANDON TRAILER PARK HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

%HAMPTON, STODDARD, ET AL.
P.O. BOX 3510
BRANDON FL 33509-3510

%HAMPTON, STODDARD, ET AL.
P.O. BOX 3510
BRANDON FL 33509-3510

3. Date Incorporated or Qualified
03/13/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, EILEEN H ESQ.
915 OAKFIELD DR.
SUITE F
BRANDON FL 33511**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STRONG, JOSEPH A	
STREET ADDRESS	503 2ND ST.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LASHOMB, JANET E	
STREET ADDRESS	408 5TH ST.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROFT, MARY E	
STREET ADDRESS	513 S. MT. CARMEL RD.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUDECEK, LOUIS	
STREET ADDRESS	408 4TH ST.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEADE, EDWARD	
STREET ADDRESS	318 2ND ST.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALSE, FRANK A	
STREET ADDRESS	506 3RD ST.	
CITY-ST-ZIP	BRANDON FL 33511	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENJAMIN, GORDON	
1.3 STREET ADDRESS	208 SECOND ST.	
1.4 CITY-ST-ZIP	BRANDON, FLA. 33511	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANGWORTHY, RONALD	
4.3 STREET ADDRESS	411 FOURTH ST.	
4.4 CITY-ST-ZIP	BRANDON, FLA. 33511	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GENTNER, ROBT.	
5.3 STREET ADDRESS	203 S. MT. CARMEL RD.	
5.4 CITY-ST-ZIP	BRANDON, FLA. 33511	
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 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: *Mary E. Croft* (MARY E. CROFT) 15 February 1996 689-9243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)