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Mar 25 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 # **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 02/21/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-3305987	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
GRIFFIN, EILEEN H ESO. 915 OAKFIELD DR. SUITE F BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GORDON, BENJAMIN
STREET ADDRESS	208 SECOND ST
CITY - ST - ZIP	BRANDON FL
TITLE	VD <input checked="" 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	LANGWORTHY, RONALD
STREET ADDRESS	411 FOURTH ST
CITY - ST - ZIP	BRANDON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GENTNER, ROBERT
STREET ADDRESS	203 S MT CARMEL RD CARMEL RD.
CITY - ST - ZIP	BRANDON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HALSE, FRANK A
STREET ADDRESS	506 3RD ST.
CITY - ST - ZIP	BRANDON FL 33511

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHESTER KULI
1.3 STREET ADDRESS	312 SECOND ST.
1.4 CITY - ST - ZIP	BRANDON FLA 33511
2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GORDON BENJAMIN
2.3 STREET ADDRESS	208 SECOND ST.
2.4 CITY - ST - ZIP	BRANDON FLA 33511
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FERN GERMANO
4.3 STREET ADDRESS	405 FOURTH ST
4.4 CITY - ST - ZIP	BRANDON FLA 33511
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 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: *Mary E. Croft* (MARY E. CROFT) Secretary (913) 689-9243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045362

CR2E037 (9/96)