

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | | 3. Date Incorporated or Qualified | |
| %HAMPTON, STODDARD, ET AL P.O. BOX 3510 BRANDON FL 33509-3510 | | %HAMPTON, STODDARD, ET AL P.O. BOX 3510 BRANDON FL 33509-3510 | | 03/13/1995 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 59-3305987 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | | 30 | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 reappointing) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-----------------------|--|---|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KULI, CHESTER | | 1.2 NAME | RAYMOND RENAUD | |
| STREET ADDRESS | 312 SECOND CT. | | 1.3 STREET ADDRESS | 311 SECOND STREET | |
| CITY-ST-ZIP | BRANDON FL | | 1.4 CITY-ST-ZIP | BRANDON, FL. 33511 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GORDON, BENJAMIN | | 2.2 NAME | FRED CHETNEY | |
| STREET ADDRESS | 208 SECOND ST. | | 2.3 STREET ADDRESS | 514 SECOND STREET | |
| CITY-ST-ZIP | BRANDON FL | | 2.4 CITY-ST-ZIP | BRANDON, FL. 33511 | |
| TITLE | SD | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROFT, MARY E | | 3.2 NAME | | |
| STREET ADDRESS | 513 S. MT. CARMEL RD. | | 3.3 STREET ADDRESS | 513 OLD MT. CARMEL RD. | |
| CITY-ST-ZIP | BRANDON FL 33511 | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GERMANO, FERN | | 4.2 NAME | | |
| STREET ADDRESS | 405 FOURTH ST. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON FL | | 4.4 CITY-ST-ZIP | 33511 | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GENTNER, ROBERT | | 5.2 NAME | | |
| STREET ADDRESS | 203 S. MT CARMEL RD. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON FL | | 5.4 CITY-ST-ZIP | 33511 | |
| TITLE | D | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALSE, FRANK A | | 6.2 NAME | | |
| STREET ADDRESS | 506 3RD ST. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON FL 33511 | | 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.

SIGNATURE: *Mary E. Croft (MARY E. CROFT)* February 11, 1998 813-689-9243

CR2E037 (10/97)