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 # N9500001573 (3)

MOYERS MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address



8175 MAIN ST. 13 P. O. BOX 221 BOKEELIA FL 33922 BOKEELIA FL 339			2			and and a series and a series and a series a series i feries i fer		
2 Principal	I Place of P				 Date Incorporated or Qualified 03/30/1995 	3a. Date o	f Last Report	
2. Principal Place of Business 2a. Mailing Address 2f					4. FEI Number	·	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0568456	65-0568456 Not Appl		
22		— ·	Apr. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional	
City & St	tate	City & State			6 Floation Community		Fee Required	
23	70 28				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Zip 24	Country	Zip	Countr	у	8. This corporation has liability for	ntangible tay un	Added to Fees	
24 25 29 9. Name and Address of Current Registered Agent			30		Florida Statutes	L Yes MXINo		
	o. Hame Bile Address of Cor	rent Registered Agent			10. Name and Address of New R	egistered Ager	nt	
LAUNCE	RDALE, ELIZABETH M		81	Name				
RR HAD	RADIATES OF BAY ARE		82	Street	Address (P.O. Box Number is Not Acceptab	6)		
68 HARBORLITES CT., BOX 455 BOKEELIA FL 33922-0455			100			~,		
DONLLL	IN 11 33822-0433		83					
			84	City		Tas	Zip Code	
11. Pursuan	nt to the provisions of Sections 617 05	02 and 617 1508 Florida Statut		L	·	FL 85		
or regist familiar v	tered agent, or both, in the State of Fi	orida. Such change was authoriz	es, the above- ed by the corp	named ci oration's	orporation submits this statement for the purp board of directors. I hereby accept the appo	ose of changing	its registered office	
SIGNATURE		ection 617.0503, Florida Statutes	5.		the apple	inunerii as regis	tered agent. I am	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if annicable (Nice	Ti De sint and A					
12.		ND DIRECTORS	13.	it Signature r	equired when reinstating)	DATE		
TITLE	D P	DELETE	1.1 TITLE		ADD/HONS/CHANGES TO OFFICE			
NAME	LAUDERDALE, JOHN T	_	1.2 NAME			Cha	inge 🔲 Addition	
STREET ADDRESS	PO BOX 335 N/A		1.3 STREET	ADDRESS			ĺ	
CITY - ST - ZIP	BOKEELIA FL 33922		1.4 CITY-S					
TITLE	D - T	DELETE	21 TITLE	1-211				
NAME	Lauderdale, Jean		2.2 NAME			☐ Cha	nge 🔲 Addition	
STREET ADORESS	PO BOX 335 N/A		2 3 STREET	ADDRESS				
CHTY - ST - ZIP	BOKEELIA FL 33922		2 4 CITY - S					
TITLE .	-B-	DELETE	3 1 TITLE	· Lii	D			
NAME	TORIN R. MILLE	R	3.2 NAME		LORIN R MILLER	Char	age [] Addition	
STREET ADDRESS	10.00x 786		3 3 STREET		Po. Box 786			
CITY-SI-ZIP	BOKEELIA, FL 33	922	3.4 CITY-S		BOKEELIA, FL. 3392	>		
TITLE		DELETE	4.1 TITLE		20,000A, E 33/E	Char	ige Addition	
NAME			4 2 NAME	1		LI One	ige Mudition I	
STREET ADDRESS	ł		4 3 STREET	ADDRESS			ľ	
CITY-ST-ZIP			4.4 CITY - ST	- ZIP				
TITLE	•	DELETE	5 1 TITLE			Chan	ge Addition	
NAME EXPECT ADDRESS			5.2 NAME	- 1		5/6//	a. Disagnidit	
STREET ADDRESS			5 3 STREET A	DORESS				
CITY-ST-ZIP TITLE			5.4 CITY - ST	ZIP				
NAME		DELETE	61 TITLE			☐ Chan	ge Addition	
			6.2 NAME				o La Januari	
STREET ADDRESS CITY-ST-ZIP			63 STREET A	DORESS				
	y certify that the information supplied	and the control of	64 CITY-ST	ZIP			Ì	

rectify 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THE MINISTREE OF SIGNING OFFICER OF DIRECTOR DATE Date Date Destruction Destru