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May 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N95000001573 (3)**

1. Corporation Name

MOYERS MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**8175 MAIN ST. 13
BOKEELIA FL 33922**

Mailing Address

**P. O. BOX 221
BOKEELIA FL 33922-0221**3. Date Incorporated or Qualified
03/30/19953a. Date of Last Report
03/04/1996

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAUDERDALE, ELIZABETH M
68 HARBORLITES CT., BOX 455
BOKEELIA FL 33922-0455**

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	DP	<input type="checkbox"/> DELETE
NAME	LAUDERDALE, JOHN T	
STREET ADDRESS	PO BOX 335 N/A	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LAUDERDALE, JEAN	
STREET ADDRESS	PO BOX 335 N/A	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLE, R LORIN R.	
STREET ADDRESS	P.O. BOX 786 NA	
CITY - ST - ZIP	BOKEELIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEPORE, JAY	
1.3 STREET ADDRESS	8175 MOYER LANE #9	
1.4 CITY - ST - ZIP	BOKEELIA, FL 33922	
2.1 TITLE	VICE PRES. DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAUDERDALE, JOHN	
2.3 STREET ADDRESS	PO BOX 335 N/A	
2.4 CITY - ST - ZIP	BOKEELIA, FL 33922	
3.1 TITLE	SECRETARY DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAUDERDALE, ELIZABETH M.	
3.3 STREET ADDRESS	68 HARBORLITES CT. BOX 455	
3.4 CITY - ST - ZIP	BOKEELIA, FL 33922	
4.1 TITLE	TRES. DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAUDERDALE, JEAN	
4.3 STREET ADDRESS	PO BOX 335 N/A	
4.4 CITY - ST - ZIP	BOKEELIA, FL 33922	
5.1 TITLE	DIRECTOR D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MILLER, LORIN R.	
5.3 STREET ADDRESS	PO BOX 786 N/A	
5.4 CITY - ST - ZIP	BOKEELIA, FL 33922	
6.1 TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MASTEN, ROBERT	
6.3 STREET ADDRESS	8175 MAIN ST.	
6.4 CITY - ST - ZIP	BOKEELIA, FL 33922	

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:

Jean Lauderdale
JEAN LAUDERDALE
4/3/97
1-941-283-9654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 283-9654

CR2E037 (9/96)