


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
--	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 03/30/1995
4. FEI Number 65-0568456
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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

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

10. Name and Address of New Registered Agent

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPORE, JAY	1.2 NAME	
STREET ADDRESS	8175 MOYER LANE, #9	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUDERDALE, JOHN	2.2 NAME	MILLER, LORIN P
STREET ADDRESS	P. O. BOX 335 N/A	2.3 STREET ADDRESS	P.O. BOX 786 N/A
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUDERDALE, ELIZABETH M	3.2 NAME	
STREET ADDRESS	68 HARBORLITES CT., BOX 455	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUDERDALE, JEAN	4.2 NAME	LAUDERDALE, EDWIN
STREET ADDRESS	P.O. BOX 335 N/A	4.3 STREET ADDRESS	P.O. BOX 455 N/A
CITY-ST-ZIP	BOKEELIA FL	4.4 CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LORIN R	5.2 NAME	MILLER, BETTY
STREET ADDRESS	P.O. BOX 786 N/A	5.3 STREET ADDRESS	P.O. BOX 786 N/A
CITY-ST-ZIP	BOKEELIA FL	5.4 CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTEN, ROBERT	6.2 NAME	
STREET ADDRESS	8175 MAIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	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)(l), 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: *Elizabeth M. Lauderdale* **ELIZABETH M. LAUDERDALE** 3-5-98 941-283-8818

CR2E037 (10/97)