

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 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 # N 95000005976
1. Corporation Name
CITY OF NEW PORT RICHEY MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12-19-95	3a. Date of Last Report 1996
21 5625 RIVERVIEW DRIVE Suite, Apt. #, etc.	26 5611 OAK RIDGE AVE Suite, Apt. #, etc.	4. FEI Number 59-3369378		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 NEW PORT RICHEY, FL City & State		28 NEW PORT RICHEY, FL City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 34652 Zip	25 PASCO Country	29 34652 Zip	30 PASCO Country	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
FRANK BRADY
7625 RIVERVIEW DRIVE
NEW PORT RICHEY, FL 34652

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	PRESIDENT / DIRECTOR <input type="checkbox"/> DELETE
NAME	KENNETH SCOTT
STREET ADDRESS	5609 OAK RIDGE AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VICE PRESIDENT / DIRECTOR <input type="checkbox"/> DELETE
NAME	STEVE ACQUARD
STREET ADDRESS	5655 RIVERVIEW DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	SECRETARY-TREASURER / DIRECTOR <input type="checkbox"/> DELETE
NAME	GLADYS WIESINGER
STREET ADDRESS	5621 OAK RIDGE AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	DONALD BLISS
STREET ADDRESS	5543 OAK RIDGE AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	ALLI HEISKANEN
STREET ADDRESS	5646 OAK RIDGE AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	700002179657 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	-05/15/97--01002--046
5.4 CITY-ST-ZIP	***61.25
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: Kenneth Scott **4-30-97** (813) **848-7924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KENNETH SCOTT, PRESIDENT

CR2E037 (9/96)