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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N 9500005976
1. Corporation Name
CITY OF NEW PORT RICHEY MOBILE HOME PARK
HOMEOWNERS ASSOCIATION, INC.

FILED May 06 1997 8:00am Secretary of State

Principal Place	of Business		Mailing Addre	ess					
						3. Date Incorporated or Qualifie	od 3a. Da	te of Last	
2. Principal Pia	ace of Business	·	2a. Mailing Ad	ddress		4. FEI Number		1 /	Applied For
5625	RIVERVIEW.	DRIVE	26 5611	OAK RU	DGE AVE	59-3369378		N	ot Applicable
Suite, Apt #			Suite, Apt			5. Certificate of Status Desired			Additional Required
City & State	PRT RICHEY	. FL	City & Sta	PORT RI	CHEY, FL	Election Campaign Financing Trust Fund Contribution			May Be I to Fees
7ip 4 346!	Country	sco	Zip 29 3465			This corporation has liability f Florida Statutes		tax under No	s. 199.032,
	9. Name and Addre					10. Name and Address of New	Registered A	gent	
_	^				81 Name				
FRANK	BRADY				82 Street Ar	dress (P.O. Box Number is Not Accep	table)		
FRANK BRADY 25 RIVERVIEW DRIVE					Oli Bol Me	raileds (1.0. Dox Hailroof is Hot Flood)	idoloj		
W W2	Kinseraiea				83				
NEW Po	RT RICHEY,	FL 3	4652		84 City			85 Zir	Code
					O Tily		FL	183 21	0006
Office of re	gisterou agent, or both	ent the chliceti	one of Section 6	iange was aun	ionzed by the corpo	ration's board of directors. I hereby ac	cept ine appt	эн илтан а	s registered
SIGNATURE	familiar with, and acc					and the second s	DATE		
SIGNATURE _	்த சி.ஸ். Typed or printed name	or registered agent	and title if applicable		egistered Agent signature re	,`,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE	DIBECTO	DR IN 12
SIGNATURE	sg. aton. Typed or printed name O	o registered agent	and title if applicable	(NÓTE: Be	ogistered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OF			
SIGNATURE	OPRESIDENT	FFICERS AND	and title if applicable		ogistered Agent signature re 13. 1.1 TiTLE	,`,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DIRECTO Change	
SIGNATURE	PRESIDENT	FFICERS AND	and tide if applicable DIRECTORS	(NOTE: RE	ogistered Agent signature re 13. 1.1 TiTLE 1.2 NAME	,`,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE	OPRESIDENT KENNETH SC 5609 OAK NEW PORT RI	or registered agent. FFICERS AND DIRECTOR 30TT RIDGE CHEV, FL	and title if applicable DIRECTORS AUENUE 34652	(NOTE: RI DELETE	13. 1.1 TITLE 1.2 NAME 1.9 STREET ADDRESS	,`,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE	OPRESIDENT KENNETH SC 5609 OAK NEW PORT RI	or registered agent. FFICERS AND DIRECTOR 30TT RIDGE CHEV, FL	and title if applicable DIRECTORS AUENUE 34652	(NOTE: RI DELETE	ogistered Agent signature re 13. 1.1 TiTLE 1.2 NAME	,`,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Addition
SIGNATURE	PRESIDENT PRESIDENT KENNETH SX 5609 OAK NEW PORT RII VICE PRESIDE	FICERS AND DIRECTOR COTT RIDGE CHEY, FL	and title if applicable DIRECTORS AUENUE 34652	(NOTE: RI DELETE	13. 1.1 TiTLE 1.2 NAME 1.9 STREET ADDRESS 1.4 CITY-ST-ZIP	,`,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
SIGNATURE S 12. TITLE NAME SIREEL ADDRESS CULY S1-742 TITLE NAME NAME	PRESIDENT KENNETH SX 5609 OAK NEW PORT RIV VICE PRESIDE CTEVE ACQ	FICERS AND DIRECTOR COTT RIDGE CHEY, FL FUT / DIRE	AUENUE . 34652	(NOTE: RI DELETE	13. 1.1 TITLE 1.2 NAME 1.9 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	,`,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
SIGNATURES 12. TITLE NAME STREET ADDRESS CUTY_ST-722 TITLE NAME STREET ADDRESS	PRESIDENT KENNETH SE SOOF OAK NEW PORT RIV VICE PRESIDE STEVE ACQ 5655 RIVER	FICERS AND DIRECTOR COTT RIDGE CHEY, FL ENT / DIRECTOR UAR D	AUENUE ORIVE	(NOTE: RE DELETE	13. 1.1 TiTLE 1.2 NAME 1.9 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	,`,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
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