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May 15 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 # N96000000228

1. Corporation Name
Thunderbird Mobile Home Owner Tenants Ass, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: January 10, 1996
3a. Date of Last Report: NA

2. Principal Place of Business (21)
2a. Mailing Address (26): 4831 SW 30th Way
Suite, Apt. #, etc. (22) | (27)
City & State (23): | (28): Ft. Lauderdale, Fl
Zip (24) | Country (25) | Zip (29): 33312 | Country (30): Broward

4. FEI Number: 65-0653149 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Johnda Van Ryn - Moved (address unknown)

10. Name and Address of New Registered Agent
81 Name: Jaime Keegan
82 Street Address (P.O. Box Number is Not Acceptable): 4831 SW 30th Lane
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33312

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: Jaime Keegan (Signature of typed or printed name of registered agent and title if applicable) Jaime Keegan (NOTE: Registered Agent signature required when reinstating) DATE: 4/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.-Johnda Van Ryn-moved ☒ DELETE (Addresses Unknown)	1.1 TITLE	Chairman-Board of Directors ☐ Change ☒ Addition
NAME	Treas.-Lounell Hampton-moved	1.2 NAME	Jaime Keegan
STREET ADDRESS	Director-Nettie Repici-Moved	1.3 STREET ADDRESS	4831 SW 30th Way
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33312
TITLE	V. Pres. ☒ DELETE	2.1 TITLE	President ☐ Change ☒ Addition
NAME	Marcel Martin	2.2 NAME	Raymond Gauthier
STREET ADDRESS	4830 SW 30th Way	2.3 STREET ADDRESS	4829 SW 30th Lane
CITY-ST-ZIP	Ft. Lauderdale, Fl 33312	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33312
TITLE	Director ☒ DELETE	3.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	Betty Hromada	3.2 NAME	Ron Perkins
STREET ADDRESS	4845 SW 30th Rd.	3.3 STREET ADDRESS	4822 SW 30th Way
CITY-ST-ZIP	Ft. Lauderdale, Fl 33312	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl
TITLE	Director ☒ DELETE	4.1 TITLE	Sec./Treas. ☒ Change ☐ Addition
NAME	Bernard Ray	4.2 NAME	Patricia A. Monnette
STREET ADDRESS	4841 SW 30th Lane	4.3 STREET ADDRESS	4827 SW 30th Way
CITY-ST-ZIP	Ft. Lauderdale, Fl 33312	4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33312
TITLE	Director ☒ DELETE	5.1 TITLE	Bd. of Directors Member ☐ Change ☒ Addition
NAME	Paul Oar	5.2 NAME	Joe Claypoole
STREET ADDRESS	3070 Griffin Rd.	5.3 STREET ADDRESS	4849 SW 30th Lane
CITY-ST-ZIP	Ft. Lauderdale, Fl 33312	5.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33312
TITLE	☐ DELETE	6.1 TITLE	Bd. of Directors Member ☐ Change ☒ Addition
NAME		6.2 NAME	Paul E. Kingsley
STREET ADDRESS		6.3 STREET ADDRESS	4845 SW 30th Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33312

4/25/97

CR2E037 (9/96)

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: Jaime Keegan JAIME KEEGAN 4/25/97 (954) 964 6409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #