## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

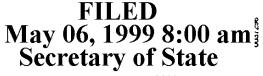
1999

**DIVISION OF CORPORATIONS** 

## DOCUMENT # N9600000228

1. Corporation Name

THUNDERBIRD MOBILE HOME OWNER TENANTS ASS. INC.



05-06-1999 90056 017 \*\*\*\*61.25

Principal Place	of Business	Mailing Address									
4831 SW 30TH WAY 4831 SW 30TH WAY											
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312											
						•					
Principal Place of Business     Za. Mailing Address						3. Date Incorporated or Qualifed				ł	
26				01/10/1996				T: .			
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number 65-0653149			<u> </u>	+	ied For		
City & State City & State			<u></u>	05-000				<b>\$</b> R -	\$8.75 Additional		
City & State		28			5. Certifcate	of Status De	sired 🗌		e Req		
Zip	AUDERDALE TL.	Zip Country			6. Election Campaign Financing			\$5	\$5.00 May Be		
4 <u>3</u> 331		29 30	~-, ·		ſ	Trust Fund Contribution			Added to Fees		
<u> ۱ د در ک (۳</u>	9. Name and Address of Current F	<u> </u>			10. Name and	Address o	f New Regis	tered Agent			
			81	Name	EGAN	JAI	n/=				
KEEGAN	JAIME ADD	82	Street Add	tress (P.O. Box Nu	mber is Not	Acceptable)					
	SOTH LANE			483		5711	LANE	<u> </u>			
KEEGAN, JAIME FOURCSS # 15  4836 SW 30TH LANE FT LAUDERDALE FL 33312   INCORRECT   83    FOURCSS # 15											
III DAODE	APAGG .		84	City				85	Zip Co	ode	
	THE THAT BUILDINGS TO STOLE OF			12	LAUDE	RDAL		FL    ,	33.	312	
11. Pursuant	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of	and 617.1508, Florida Statutes,	the above	e-named cor	poration submits th	is statement	for the purp	ose of changing	g its re ss reai	egistered stered	
office or n agent. I a	egistered agent, or both, in the State of m familiar with and accept the obligation	ns of, Section 617.0503, Florida	a Statutes	ине согрога: 5.	IION S DOBIG OF GREE	,(O) 3. 1 11616L		_			
SIGNATURE	(ALMO) K	ROOM					4'0	29-99	<i>,</i>	{	
-	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re		nt signature requi	red when reinstating)		TO OFFICE	ATE RS AND DIRE	CTOR	IS IN 12	
12.	OFFICERS AND		13.		ADDITIONS	CHANGES	TO OFFICE	☐ Cha		Addition	
TITLE	CD	☐ DELETE	1.1 TITLE						ingo		
NAME	KEEGAN, JAIME		1.2 NAME								
STREET ADDRESS	4831 SW 30TH LANE			TADDRESS						1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1.4 C/TY-ST-Z/P				<del></del>	☐ Cha	nde	Addition	
TITLE	· ·		2.1 mLÉ								
NAME .	GAUTHIER, RAYMOND		2.2 NAME						•	}	
STREET ADDRESS	4829 SW 30TH LANE		2.3 STREET ADDRESS								
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2. 4 CITY-ST-ZIP 3.1 TITLE					[ ] Cha	inge	Addition	
TITLE	AL		3.2 NAME					_	•	_	
NAME	PERKINS, RON			TADORESS						,	
STREET ADDRESS	4822 SW 30TH WAY		3.4. CITY-ST-ZIP							}	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	DELETE	4.1 TTTLE	31-21				☐ Cha	ange	☐ Addition	
TITLE	ST PATRICIA A	_ brre.e	4.2 NAME	[				_	-		
NAME STREET ADODESO	MONNETTE, PATRICIA A		E	T ADDRESS							
STREET ADORESS	4827 SW 30TH LANE	!	4.3 STREE								
TITLE	FT. LAUDERDALE FL 33312	☐ DELETE	5.1 TITLE	71-217				☐ Cha	ange	Addition	
NAME	BODM CLAYBOOLE JOE		5.2 NAME					_	-		
STREET ADDRESS	CLAYPOOLE, JOE 4845 SW 30TH LANE		5.3 STREE	TADORESS							
	FT. LAUDERDALE FL 33312	,	5.4 CITY-S	ST-ZIP						Ì	
CITY-ST-ZiP TITLE	BODM	DELETE	6.1 TITLE					☐ Cha	ang <del>e</del>	Addition	
NAME .	KINGSLEY, PAUL E	_	6.2 NAME								
	:4845; SW 30TH RD.		6.3 STREE	T ADDRESS							
	FT. LAUDERDALE FL 33312		6.4 CITY-S	ST-ZIP						ł	
CITY-ST-ZIP	TELECUTORIE PL 300 IZ								<del></del>		

14. I 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, with all other like empowered.

SIGNATURE:

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