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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000228

1. Corporation Name

THUNDERBIRD MOBILE HOME OWNER TENANTS ASS. INC.

Principal Place of Business

4831 SW 30TH WAY  
FT. LAUDERDALE FL 33312

Mailing Address

4831 SW 30TH WAY  
FT. LAUDERDALE FL 33312



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 4831 SW 30TH LN

23 City & State  
24 FT LAUDERDALE FL

25 Zip Country  
26 33312

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 SAME

28 City & State

29 Zip Country  
30

3. Date Incorporated or Qualified

01/10/1996

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

9. Name and Address of Current Registered Agent

KEEGAN, JAIME  
4836 SW 30TH LANE  
FT LAUDERDALE FL 33312

Address # is  
INCORRECT

10. Name and Address of New Registered Agent

81 Name  
82 KEEGAN JAIME  
83 Street Address (P.O. Box Number is Not Acceptable)  
84 4831 SW 30TH LANE  
85 City  
86 FT LAUDERDALE FL  
87 Zip Code  
88 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-99

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME KEEGAN, JAIME  
STREET ADDRESS 4831 SW 30TH LANE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE P ☐ DELETE  
NAME GAUTHIER, RAYMOND  
STREET ADDRESS 4829 SW 30TH LANE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE VP ☐ DELETE  
NAME PERKINS, RON  
STREET ADDRESS 4822 SW 30TH WAY  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE ST ☐ DELETE  
NAME MONNETTE, PATRICIA A  
STREET ADDRESS 4827 SW 30TH LANE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE BODM ☐ DELETE  
NAME CLAYPOOLE, JOE  
STREET ADDRESS 4845 SW 30TH LANE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE BODM ☒ DELETE  
NAME KINGSLEY, PAUL E  
STREET ADDRESS 4845 SW 30TH RD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

*Jaime Keegan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEEGAN

4/24/99 (954) 966 3125

Date

Daytime Phone #

CR2E037 (11/98)