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FILED
Mar 31 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 # **N96000001141 (8)**

1. Corporation Name

ANB MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3660 STATE ROAD 580 OLDSMAR FL 34677	Mailing Address 3660 STATE ROAD 580 OLDSMAR FL 34677-5677
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3. Date Incorporated or Qualified 02/29/1996	3a. Date of Last Report N/A
4. FEI Number 59-3363086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 3660 STATE ROAD 580
22 City & State	27 LOT # 65
23 Zip	28 OLDSMAR, FL.
24 Country	29 34677-5677
25	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLENNOR, DUANE L MRS.
3660 STATE ROAD 580
#65
OLDSMAR FL 34677**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINVILLE, GERALD	1.2 NAME	
STREET ADDRESS	3660 STATE ROAD 580	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, DON	2.2 NAME	
STREET ADDRESS	3660 STATE ROAD 580	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLENNOR, DUANE	3.2 NAME	
STREET ADDRESS	3660 STATE ROAD 580	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKI, LARRY	4.2 NAME	THOMAS DE VITO
STREET ADDRESS	3660 STATE ROAD 580	4.3 STREET ADDRESS	3660 STATE ROAD 580
CITY-ST-ZIP	OLDSMAR FL 34677	4.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, FRAN	5.2 NAME	FLOYD ELLEN BECKER
STREET ADDRESS	3660 STATE ROAD 580	5.3 STREET ADDRESS	3660 STATE ROAD 580
CITY-ST-ZIP	OLDSMAR FL 34677	5.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Duane L. Millenor* **DUANE L. MILLENNOR** **MAR 25/97** **813-855-9124**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0069809**

EO37 (9/96)