

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001356 (2)**

1. Corporation Name

PALACE MOBILE HOME PARK ASSN. INC.



Principal Place of Business 2500 54TH AVE., N. ST. PETERSBURG FL 33714	Mailing Address 2500 54TH AVE., N. ST. PETERSBURG FL 33714
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3. Date Incorporated or Qualified

03/08/1996

4. FEI Number

59-3372289

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAUTHIER, HOWARD W SR.
2500 54TH AVE., N. LOT 290
ST. PETERSBURG FL 33714**

81 Name	TONY CZARNOPIS
82 Street Address (P.O. Box Number is Not Acceptable)	2500 54th Ave. N. Lot 328
83	
84 City	St. Petersburg FL
85 Zip Code	33714

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

Tony Czarnopis
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GAUTHIER, HOWARD W SR.	
STREET ADDRESS	2500 54TH AVE., N. LOT 290	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HADDIX, PAUL	
STREET ADDRESS	2500 54TH AVE., N. LOT 427	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, SHIRLY	
STREET ADDRESS	2500 54TH AVE., N. LOT 243	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HADDIX, CRICKET	
STREET ADDRESS	2500 54TH AVE., N. LOT 427	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETESON, HILDA	
STREET ADDRESS	2500 54TH AVE., N. LOT 235	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENNETT, MARIE	
STREET ADDRESS	2500 54TH AVE., N. LOT 271	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President - Director	
1.3 STREET ADDRESS	TONY CZARNOPIS	
1.4 CITY-ST-ZIP	2500 54th Ave N Lot 328	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director - Director	
2.3 STREET ADDRESS	DOUG CAMPBELL	
2.4 CITY-ST-ZIP	2500 54th Ave N, Lot 243	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sec. - Director	
3.3 STREET ADDRESS	Shirley Campbell	
3.4 CITY-ST-ZIP	2500 54th Ave. N. Lot 243	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Treasurer - Director	
6.3 STREET ADDRESS	MARIE DENNETT	
6.4 CITY-ST-ZIP	2500 54th Ave. N. Lot 271	

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.

SIGNATURE:

Tony Czarnopis

1-8-98 813-527-0805

CR2E037 (10/97)