FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90100 006 ****61.25

Applied For

Not Applicable

DOCUMENT #	N96000001356
1. Compretion Name	

PALACE MOBILE HOME PARK ASSN. INC.

Principal Place of Business ST.

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

Suite, Apt. #, etc.

) S4TH-AVE N. PETERSBURG FL 33714	2500 541H AVE N. ST. PETERSBURG FL 33714	
Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed

03/08/1996

59-3372289

4. FEI Number

22			27			`				59-33/228	59			Applicable
City & State	e			City & S	tate"		÷	-	,	5. Certifcate of	Status Desired		- \$8.75 A	
23			28]						o. Certificate of			Fee Red	uired
Zip		Country		Zip			Country			6. Election Can	npaign Financii	ng 🗆	\$5.00	•
24	25		29			30				Trust Fund C			Added to	Fees
Name and Address of Current Registered Agent								,		10. Name and A	Address of Ne	w Registere	d Agent	
							81	Name)					
CZARNOPIS, TONY						82	Street	t Address (P.O. Box Number is Not Acceptable)						
	AVE., N. LO				•		83	 -			<u></u>			
ST. PETER	RSBURG FL 33	714									<u></u>			
						84	City				F			
11. Pursuant	to the provisions	of Sections 617,0502 or 10th, 27 the State of and accept the obligation	and	617.1508	Florida Statute	es, th	ne abov	e-named	d corpor	ration submits this	statement for	the purpose	of changing its cintment as rec	registered ristered
office or r	register of ment. Im familiar with.	or toth, in the state of and accept the obligation	ons o	if, Section t	nange was a 617.0503, Flo	rida :	Statutes	ine con	poration		ns. Thereby ac	oopi iio opi		
SIGNATURE	7	Comme		ا زند	20.			100	ui (maron	rest	TP ?	3ー1フー	99
SIGNATURE	Signature, types or	inted name of registered agent a	and titk	e if applicable.	, (NOTE:	Regis	tered Age	it signature	equired v		_	DATE		
12.		OFFICERS AND	DIR		_	4	13.,			ADDITIONS/C	HANGES TO	OFFICERS /	ND DIRECTO	
TITLE	PD			[DELETE	ŀ	1.1 TITLE						☐ Change	Addition
NAME	CZARNOPIS,	TONY				1	12 NAME							
STREET ADDRESS	2500 54TH A	VE., N. LOT 328					1.3 STREE	TADDRESS	3					
CITY-ST-ZIP	ST. PETERSE	JURG FL 33714				_	1.4 CITY-S	T-ZIP		,	<u> </u>			
TITLE	D			-	DELETE		2.1 TITLE						Change	☐ Addition
NAME	CAMPBELL, I	ooug -				[2.2 NAME							
STREET ADDRESS	2500 54TH A	VE., N. LOT 243					2.3 STREE	TADDRESS	s					į
CITY-ST-ZIP	ST. PETERSE	JURG FL 33714					2. 4 CITY-5	ST-ZIP						
TITLE	DS	<u> </u>			🔲 delete 🕝		3.1 TITLE			· - <u>-</u>			Change	Addition
NAME	CAMPBELL,	SHIRLEY				ı	3.2 NAME							
STREET ADDRESS		VE., N. LOT 243				1	3.3 STREE	TADORES	s					
ÇITY-ST-ZIP		BURG FL 33714				ı	3.4. <u>CITY-</u>	ST-ZIP_						
TITLE	DT				DELETE	1	4.1 TITLE		D. 7	P.	04 (75	A T. No	☐ Change	Addition
NAME	DENNETT, M.	ARIE					4. 2 NAME		m	A BREY AND SOO SUT	14 62	,,,,,,,,	<i>[1</i> 5	•
STREET ADORESS	,	VE., N. LOT 271				ı	4.3 STREE	TADDRESS	s a:	50d 547	H BVE	" N do	7328	_
CITY-\$T-ZIP		URG FL 33714				1	4.4 CITY- S	T-ZIP	9	T. PETEI	CS BURG	2, FL-	33719	<u> </u>
TITLE		· <u>==:-: </u>			DELETE	1	5.1 TITLE					-	☐ Change	☐ Addition
NAME							5.2 NAME							
STREET ADDRESS							5.3 STREE	T ADDRES	s					
CITY-ST-ZIP	1					1	5.4 CITY- 9	T-ZIP						
TITLE					DELETE	1	6.1 TITLE						Change	☐ Addition
NAME	}						6.2 NAME							
PERSONAL PROPERTY AND PROPERTY							6.3 STREE	T ADDRES	s					

6.4 CITY+ST-ZIP 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