FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

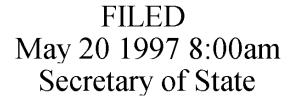
1997

DOCUMENT # N9600004405 (4)

SEAHORSE MOBILE HOME PARK OWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address





14 NO RIDGEWOOD AVE. C/O K. DIXON 21 EDGEWATER FL 32132-1645			C/O K.	414 NO RIDGEWOOD AVE. C/O K. DIXON 21 EDGEWATER FL 32132-1654										
			LOOLIV	EDOCHMIEN IT SEINE-1004					3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1996					
2. Principal P	Place of Busine	2a. M	2a. Mailing Address				4.	FEI Num	ber] A	pplied For	
21		26	26					59	3 064	775	•		lot Applicable	
Suite, Apt	#, etc.	27 S	Suite, Apt. #, etc.				6.	5. Certificate of Status Desired S8.75 Additions Fee Required						
City & State	te	C	City & State				6.	Election Campaign Financing Trust Fund Contribution Added to Fees						
Zip		Country		ip	0	ountry	'	8.		· · · · · · · · · · · · · · · · · · ·	·····	intangib	le tax under	
24 25 29			29	29 30				Florida S	tatutes	· [Yes	□ No		
	9. Name a	nd Address of Curre	nt Register	ed Agent				10.	, Name a	nd Addres	s of New R	egistere	I Agent	
•						81	Name							
THURLOW, ROBERT						82	Street	Address (F	P.O. Box N	lumber is i	Not Accepta	ble)	•	
221 NO CAUSEWAY						83								
NEW SMYRNA BEACH FL 32169						03	ì							
						84	City					F	85 Zip	Code
11. Pursuant	t to the provisio	ns of Sections 617 OF	02 and 617	1508. Florida Statu	tes, the	Abov	a-named	corporatio	on submits	this state	nent for the	DUIDOSA	of changing	its registered
office or r	registered age	ns of Sections 617.05 nt, or both, in the Stat , and accept the obli	e of Florida.	Such change was	authori	zed by	the corp	poration's I	board of c	irectors. I	hereby acco	pt the ap	pointment a	s registered
		, and accept the oblig	gations or, a	BC0011017.0505, F	ionua o	, iaiuio	.							
SIGNATURE .	Signature, typed or	printed name of registered as	gent and title if a	policable. (NO	TE: Regist	ered Age	nt signature	required when	n reinstating)		······	DATE		
12.		OFFICERS A			1	3.			ADDITION	IS/CHANG	ES TO OFF	CERS A	ND DIRECTO	RS IN 12
TITLE	D			DELETE	1.1	1 TITLE		DIR	ecto	VIKE	asurel	^ .	Change	Addition
NAME	BRADFORD	. WILLIAM			1.3	2 NAME		HARR	115 5	PRICE	5	415		
STREET ADDRESS		GEWOOD AVE.		اعيد	. 1.3	3 STREET	ADDRESS	414 N	ıı Rı dG	e wood	AVE			
CITY - ST - ZIP	EDGEWATE	R FL 32132-1645		•		4 CITY-S	T-ZIP	FdG	CWA	ter f	1 3.	2/32	レ	
TITLE	D			DELETE	2.	1 TITLE							☐ Change	Addition
NAME	BRYANT, K	enneth			2.2	2 NAME		1						
STREET ADDRESS		XGEWOOD AVE.			23	3 STREET	ADDRESS]						
CITY-ST-ZIP	EDGEWATE	R FL 32132-1645			2.	4 CITY-	ST-ZIP				:			
TITLE	D			DELETE	3.	1 TITLE							☐ Change	Addition Addition
NAME	BRISSON, I	PAUL			3.2	2 NAME								
STREET ADDRESS	1414 NO RIO	DGEWOOD AVE.			3.	3 STREET	ADDRESS							
CITY - ST - ZIP	EDGEWATE	R FL 32132-1845			3.4	4. CITY-	ST-21P							
TITLE	D			DELETE	4.1	1 TITLE	٠,						Change	Addition
NAME	DIXON, KAT	ihryn L			4.	2 NAME								
STREET ADDRESS	414 NO RID	GEWOOD AVE.			4.3	3 STREET	ADDRESS		p.					
CITY-ST-ZIP	EDGEWATE	R FL 32132-1645	,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4	4 CITY-S	T-ZIP							
ENTLE	D			☐ DELETE	5.1	1 TITLE							Change	Addition
NAME	ELRIDGE, C				5.3	2 NAME								
STREET ADDRESS		GEWOOD AVE.			5.3	3 STREET	ADDRESS	ļ						
DITY-ST-ZIP	FINGEWATE	D PL AA4AA 4A4E			5.4	4 CITY-S	T. 710	I						
	LUCK WALL	R FL 32132-1645				10117	71 441							
TITLE	D			DELETE		1 TITLE	71 411						Change	Addition
TITLE NAME	D FIRTZGERA	LD, DOROTHY		☐ DELETE	6.1	******	, <u> </u>						Change	Addition
Į.	D FIRTZGERA 414 NO RIC			☐ DELETE	6.1 6.2	1 TITLE 2 NAME	ADDRESS		······································				Change	Addition

1. 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

SIGNATURE AND TOP OF PRINTED WAME OF SIGNING OFFICER OF DIRECTOR

4-23-97

904-427-6645 Deylime Phone 8002787