

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90001 011 ****61.25

DOCUMENT # N97000001159

1. Entity Name

KAKUSHA HOME PARK INCORPORATED



Principal Place of Business

**1654 CLEARWATER LARGO ROAD
LOT 904
CLEARWATER FL 33756**

Mailing Address

**1654 CLEARWATER LARGO ROAD
LOT 904
CLEARWATER FL 33756**

44003040



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM, MCHALE J
1654 CLEARWATER-LARGO RD.
LOT 904
CLEARWATER FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAM, DUKE ☐ Delete
STREET ADDRESS 1654 CLEARWATER-LARGO RD #801
CITY-ST-ZIP CLEARWATER FL 33756

TITLE VD
NAME MACDONALD, HELEN ☐ Delete
STREET ADDRESS 1654 CLEARWATER-LARGO RD, #244
CITY-ST-ZIP CLEARWATER FL 33756

TITLE SD
NAME KING, EILEEN ☐ Delete
STREET ADDRESS 1654 CLEARWATER-LARGO RD #405
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D
NAME LYNCH, CHARLES ☐ Delete
STREET ADDRESS 1654 CLEARWATER LARGO RD 502
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D
NAME FINK, CARL ☐ Delete
STREET ADDRESS 1654 CLEARWATER LARFORD 806
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D ☒ Delete
NAME AUGUSTINE, ROBERT
STREET ADDRESS 1654 CLWTR-LARGO RD LOT 133
CITY-ST-ZIP CLEARWATER FL 33756

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME LANE, JOHN
STREET ADDRESS 1654 CLEARWATER-LARGO RD #234
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D ☐ Change ☒ Addition
NAME MULIA, EVELYN
STREET ADDRESS 1654 CLEARWATER-LARGO RD #238
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D ☐ Change ☒ Addition
NAME CASALE, JOSEPH
STREET ADDRESS 1654 CLEARWATER-LARGO RD #407
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D ☐ Change ☒ Addition
NAME FAUST, ROSEMARIE
STREET ADDRESS 1654 CLEARWATER-LARGO RD #808
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D ☐ Change ☒ Addition
NAME LITTLEFIELD, NORMAN
STREET ADDRESS 1654 CLEARWATER-LARGO RD #204
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Z. Duke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04 727-585-58