**FILE NOW: FILING FEE IS $61.25**

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001680

1. Corporation Name
2580 NURSERY ROAD ASSOCIATION OF MOBILE HOME OWNERS INC.

Principal Place of Business
2580 NURSERY ROAD UNIT 201
CLEARWATER FLORIDA 33764

Mailing Address

3. Date Incorporated or Qualified
26-MARCH. 1998

4. FEI Number
59-3452639
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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**

NATALIA UTRERA
AMERILAWER.
343 ALMERIA AV.
CORAL GABLES, FL. 33134

**10. Name and Address of New Registered Agent**

81 Name: ROBERT MCAUSLAND
82 Street Address (P.O. Box Number is Not Acceptable): 2580 NURSERY ROAD UNIT 201
83
84 City: CLEARWATER FL 85 Zip Code: 33764

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: ROBERT MCAUSLAND PRESIDENT — K McCausland — 17th March 98
Signature, typed or printed name of person of agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE DIR<br>NAME PRESIDENT<br>STREET ADDRESS ROBERT MCAUSLAND<br>CITY-ST-ZIP 2580 NURSERY ROAD. #201 CLEARWATER FL. 33764 | | ☐ DELETE | | | |
| TITLE DIR<br>NAME VICE PRESIDENT<br>STREET ADDRESS PAUL STEVENS.<br>CITY-ST-ZIP 2580 NURSERY ROAD #209 CLEARWATER FL 33764 | | ☒ DELETE | 2.1 TITLE DIR<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | VICE PRESIDENT<br>ROBERT GEORGE<br>2580 NURSERY RD. UNIT 302<br>CLEARWATER FL. 33764 | ☒ Change ☐ Addition |
| TITLE DIR<br>NAME SERETARY<br>STREET ADDRESS ROBERT GEORGE<br>CITY-ST-ZIP 2580 NURSERY RD #302 CLEARWATER FL. 33764 | | ☐ DELETE | 3.1 TITLE SEC.<br>3.2 NAME DIR<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | JOAN CAHILL<br>2580 NURSERY RD #232<br>CLEARWATER FL. 33764 | ☒ Change ☐ Addition |
| TITLE DIR<br>NAME TREASURER.<br>STREET ADDRESS PAUL STEVENS<br>CITY-ST-ZIP 2580 NURSERY RD #209 CLEARWATER FL 33764 | | ☒ DELETE | 4.1 TITLE DIR<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | TREASURER<br>BARBARA LANGELIER.<br>2580 NURSERY RD. # 324<br>CLEARWATER FL 33764 | ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | 900002470049<br>-03/27/98--01008--007<br>***61.25 | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | PE 3.26 | ☐ Change ☐ Addition |

CR2E037 (10/97)

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:** K McCausland PRESIDENT 17th March 98 (813)536-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #