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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001680

Corporation Name

2580 NURSERY ROAD ASSOCIATION OF MOBILE HOME OWN ERS, INC.

Principal Place of Business

Mailing Address

2580 NURSERY ROAD. UNIT 201 CLEARWATER FL 33764 2580 NURSERY ROAD. UNIT 201 CLEARWATER FL 33764

FILED Mar 11, 1999 8:00 am § Secretary of State

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City & State Country Zip Country Zip Country Added 9. Name and Address of Current Registered Agent MCCAUSLAND, ROBERT 2580 NURSERY ROAD, UNIT 201 CLEARWATER FL 33764 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip 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 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 re agent. I am familiar with an accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE TITLE PD	quired May Be
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4. 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 of suppliemental 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 op an attachment with an address, with all other like empowered.

SIGNATURE:

(COCK) P/// C QZWC CSWC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 24 th of 199. (727) 536-1421 Daytiple Phone # R2E037 (11/98