

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001680

FILED
Mar 12, 2004
Secretary of State

Entity Name: 2580 NURSERY ROAD ASSOCIATION OF MOBILE HOME OWNERS, INC.

Current Principal Place of Business:

2580 NURSERY ROAD, UNIT 201
CLEARWATER, FL 33764

New Principal Place of Business:

2580 NURSERY ROAD, UNIT 126
CLEARWATER, FL 33764

Current Mailing Address:

2580 NURSERY ROAD, UNIT 201
CLEARWATER, FL 33764

New Mailing Address:

2580 NURSERY ROAD, UNIT 231
CLEARWATER, FL 33764

FEI Number: 59-3452639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, JUDI B
2580 NURSEY RD UNIT 320
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

O'NEILL, PEGGY E
2580 NURSERY RD UNIT 126
CLEARWATER, FL 33764 US

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.

SIGNATURE: PEGGY E. O'NEILL

03/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSTON, JUDI B
Address: 2580 NURSERY UNIT 320
City-St-Zip: CLEARWATER, FL 33764

Title: VD () Delete
Name: PORTER, JOHN
Address: 2580 NURSERY UNIT 210
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: LANGDON, CHRISTINA
Address: 2580 NURSERY UNIT 229
City-St-Zip: CLEARWATER, FL 33764

Title: DT () Delete
Name: STEVENS, PAUL A SR
Address: 2580 NURSERY ROAD UNIT 318
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'NEILL, PEGGY E
Address: 2580 NURSERY UNIT 126
City-St-Zip: CLEARWATER, FL 33764

Title: VD (X) Change () Addition
Name: PORTER, JOHN
Address: 2580 NURSERY UNIT 111
City-St-Zip: CLEARWATER, FL 33764

Title: SD (X) Change () Addition
Name: JOHNSTON, JUDI
Address: 2580 NURSERY UNIT 320
City-St-Zip: CLEARWATER, FL 33764

Title: DT (X) Change () Addition
Name: STEVENS, PAUL A SR
Address: 2580 NURSERY ROAD UNIT 231
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL A. STEVENS, SR.

DT

03/12/2004

Electronic Signature of Signing Officer or Director

Date