



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90348 048 \*\*\*\*61.25

<b>DOCUMENT # N99000000078</b>					
<b>1. Entity Name</b> FRANCIS 2 MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2800 REAL MCCOY DRIVE SEBRING, FL 33870			<b>Mailing Address</b> 2800 REAL MCCOY DRIVE SEBRING, FL 33870		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  CROUSE, DONALD 2700 DESOTO RD. SEBRING, FL 33870-5114				<b>7. Name and Address of New Registered Agent</b>  Name <b>STORK, MATHEW</b>  Street Address (P.O. Box Number is Not Acceptable) 2729 PARADISE PATH  City <b>SEBRING</b> <b>FL</b> Zip Code <b>33870</b>	
<b>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.</b>					
SIGNATURE <u>Matthew B. Stork</u> <span style="float: right;">4/14/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROUSE, DONALD 2700 DESOTO RD SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGEVINE, JACKIE 186 11TH STREET LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMORY PRICE, WALTER 3229 PARADISE PATH SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, EMORY 3003 LAS VEGAS BLVD. SEBRING, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELDON, GEORGE 2933 SANFRANCISCO LANE SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP WELDON, GEORGE 2933 SAN FRANCISCO LANE SEBRING, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORK, MATHEW 2729 PARADISE PATH SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORK, MATHEW 2729 PARADISE PATH SEBRING, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISE, BETTY 3145 PARADISE PATH SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGLEHART, DONNA 2835 LAS VEGAS BLVD SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIERDOFF, FLOYD 3126 SAN FRANCISCO LN. SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Matthew B. Stork</u> <span style="float: right;">04/14/04 863-382-9898</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					