


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90061 025 \*\*\*\*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>	<b>Mailing Address</b>
2800 REAL MCCOY DRIVE SEBRING FL 33870	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.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

40010470



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b>		<b>Applied For</b>
65-0890506		Not Applicable
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
STORK, MATHEW 2729 PARADISE PATH SEBRING FL 33870	<b>Name</b> DONALD CROUSE
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2700 DE SOTO RD
	<b>City</b> SEBRING, <b>FL</b> <b>Zip Code</b> 33870

**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** Donald W. Crouse **DATE** 2/8/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</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</b> <b>Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> ANGEVINE, JACKIE 186 11TH STREET LAKE PLACID FL 33852 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PRICE, EMORY 3003 LAS VEGAS BLVD SEBRING FL 33870 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>2V</b> WELDON, GEORGE 2933 SANFRANSISCO LANE SEBRING FL 33870 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> STORK, MATHEW 2729 PARADISE PATH SEBRING FL 33870 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> ANGLEHART, DONNA 2835 LAS VEGAS BLVD SEBRING FL 33870 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> DIERDOFF, FLOYD 3126 SAN FRANCISCO LN. SEBRING FL 33870 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Donald W. Crouse **DATE** 2/8/05 **Daytime Phone #** 863-382-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR