


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90038 042 ****70.00

DOCUMENT # N99000007209			
1. Entity Name RANCHO MARGATE MOBILE HOME ESTATES ASSOCIATION, INC.			
Principal Place of Business RANCHO MARGATE 2900 N STATE ROAD 7 MARGATE FL 33063		Mailing Address PO BOX 934443 MARGATE FL 33063	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 95-2057602		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent BUSHNELL, PAMELA A 2838 SAN MIGUEL MARGATE FL 33063		7. Name and Address of New Registered Agent Name ARMEDA COHEN Street Address (P.O. Box Number is Not Acceptable) 5601 SANTA MARIA City MARGATE FL Zip Code 33063	
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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 ARMEDA COHEN *Armeda Cohen* 2/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOEL, MAUREEN 2825 RIO-BLANCA POMPANO BEACH FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENNIS SHEA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2925 RIO BLANCA MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIEDERMAN, SANDI <input type="checkbox"/> Delete 5611 LOSCAMPOS POMPANO BEACH FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE CLIMIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2963 EL RANCHO MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOTTA, EVA <input type="checkbox"/> Delete 5581 LOS CAMPOS MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZANNE NADON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2832 LA CASA MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHNELL, PAMELA <input checked="" type="checkbox"/> Delete 2838 SAN MIGUEL MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN ALMEIDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2840 LA PAZ MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFANO, MARTHA <input checked="" type="checkbox"/> Delete 2790 RIO NUEVO MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ARMEDA <input type="checkbox"/> Delete 5601 SANTA MARIA MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(j), 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: Dennis Shea 02/01/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #