

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1996 8:00 am
Secretary of State

DOCUMENT # P93000055620 (7)

1. Corporation Name

MANATEE RIVERFRONT MOBILE HOME PARK, INC.

Principal Place of Business

6015 18TH ST E
ELLENTON FL 34222

Mailing Address

6015 18TH ST E
ELLENTON FL 34222

2. Principal Place of Business

2a. Mailing Address

21

26

PO BOX 19146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Sarasota, FL

23

28

Zip

Country

Zip

Country

24

29

34226-2146

SARASOTA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/04/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0432438

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

MIKE J. SAUD

82

Street Address (P.O. Box Number is Not Acceptable)

4008 CROCKER LAKE BLVD. #325

83

84

City

SARASOTA, FL

FL

85. Zip Code

34239

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent in Block 13, page 13a.

Printed Registered Agent's name in Block 13, page 13a.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

DP
SAUD, MIKE
6015 18TH ST E
ELLENTON FL 34222

TITLE ☒ DELETE

DST
SAUD, RENALDA
6015 18TH ST E
ELLENTON FL 34222

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Mike Saud President

4/1/96 (941) 723-2177

CR2E034 (12/95)