

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90001 021 ***150.00

DOCUMENT # P94000030681					
1. Entity Name GRAND ISLAND MOBILE PARK ASSN., INC.					
Principal Place of Business 2785 S BAY ST SUITE G EUSTIS, FL 32726			Mailing Address P.O. BOX 350524 GRAND ISLAND, FL 32735-0524		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3237250	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROAK, MICHAEL A 2785 S BAY STREET SUITE G EUSTIS, FL 32726			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CARPENTER, MARY STREET ADDRESS #15 36530 S FISH CAMP ROAD CITY-ST-ZIP GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BURLEY, JODI STREET ADDRESS #20 36530 S. FISHCAMP ROAD CITY-ST-ZIP GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MARTIN, WILLARD L STREET ADDRESS #11 36530 S FISHCAMP RD CITY-ST-ZIP GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TRIPP, DONNA STREET ADDRESS #6 36530 S. FISHCAMP RD CITY-ST-ZIP GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BROKAN, JANET STREET ADDRESS #9 36530 S FISHCAMP RD CITY-ST-ZIP GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete		TITLE S NAME FELLER, RICHARD STREET ADDRESS #4 36530 S FISHCAMP RD CITY-ST-ZIP GRAND ISLAND, FL 32735	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, who is otherwise empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Willard L. Martin, Treasurer 3-6-07 (352) 453-2003 <small>Date Day/Time Phone #</small>		