

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000006000 (0)

1. Corporation Name

PALM ISLES MOBILE HOME VILLAGE, INC.



Principal Place of Business

501 N MAGNOLIA AVE  
ORLANDO FL 32801

Mailing Address

501 N MAGNOLIA AVE  
ORLANDO FL 32801

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MORSE, KENNETH D  
501 N MAGNOLIA AVE  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 required on printed name of registered agent, if not applicable, then on signature of registered agent.

Print the Registered Agent's name and address, if applicable.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COTTLE, JEAN  
1421 S GRANT ST  
LONGWOOD FL 32750

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COTTLE, GARY  
13 E TANGLEWOOD DR  
APOPKA FL 32712

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
Cottle, Gary  
608 N. Indigo Rd.  
Altamonte Springs, FL 32714  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
Change Addition

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 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.

SIGNATURE:

*Jean Cottle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

407-886-6511

CR2E034 (12/95)