

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000092047 (6)**

1. Corporation Name

NORTHMONT MOBILE VILLAGE, INC.

Principal Place of Business

**6980 NORTHWEST WIRE ROAD
OCALA FL 34470**

Mailing Address

**6980 NORTHWEST WIRE ROAD
OCALA FL 34470**

FILED
96 SEP -6 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1995		3a. Date of Last Report	
21 6980 NW US 441 N		26 5451 S.E. MARICAMP ROAD		4. FEI Number 59-3347884		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State OCALA FL 34475		28 City & State OCALA FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 34475		25 Country USA		29 Zip 34480		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**HIGGINS, J C
6980 NORTHWEST WIRE ROAD
OCALA FL 34470**

81 Name
F. N. CLARK
82 Street Address (P.O. Box Number is Not Acceptable)
5451 S.E. MARICAMP ROAD
83
84 City
OCALA 85 Zip Code
FL 34480

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-5-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ASTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTER, ANTHONY	1.2 NAME	CLARK, F. N.
STREET ADDRESS	6980 NORTHWEST WIRE ROAD	1.3 STREET ADDRESS	5451 S.E. MARICAMP ROAD
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	OCALA, FL 34480
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	HIGGINS, J. C	2.2 NAME	
STREET ADDRESS	6980 NORTHWEST WIRE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	4000001955894
NAME		3.2 NAME	-09/25/96-01025-001 Addition
STREET ADDRESS		3.3 STREET ADDRESS	****900.00 ****225.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)