FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FILED Jan 27 1998 8:00am

| | IAL REPORT 1998 | 7 7 | ry of State | Secretary of | of State |
|---|--|--|--------------------------------------|--|--------------------------------------|
| DOCUMENT # P9600016906 (5) SPANISH TRAILS WEST MOBILE HOME COMMUNITY, INC. | | | | | |
| | | | | | |
| Principal Place of Business Mailing Address | | | | INBIINSI ISO ENIIN NIIII ERIII NNIIS NESSI ENIIN | FINITE NETEN IDIES NEETEN BIST IN NE |
| 7142 PISCINA ST ZEPHYRHILLS FL 33541 7142 PISCINA ST ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 | | | | DO NOT WRITE IN TH | IIS SPACE. |
| | | | | 02/23/1996 | |
| Principal Place of Business 2a. Mailing Address | | sulfise Bud | 4. FEI Number | Applied For | |
| | | 26 330 W. 5 Suite, Apt. #, etc. | THUNGE MAN | 59-3360355 | Not Applicable \$8.75 Additional |
| 22 | | - · · · · · · · · · · · · · · · · · · · | | 5. Certificate of Status Desired | Fee Required |
| City & State C | | City & State | 1.FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the | current ear intangible |
| 24 | 25 | [29] J. | 30 | Personal Property Tax due June 30, | Yes □ No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | |
| | STEIN, GERALD K | | 1 1 | | |
| 8320 W SUNRISE BLVD, SUITE 203 PLANTATION FL 33322 | | | 82 Street Addi | ress (P.O. Box Number is Not Acceptable) | .vo |
| , , , | ATIATION I & SOULE | | (on) | JITE 108 | |
| | | | 84 City | | 85 Zip Code |
| | | | 1 1 | - | ·L 1 ` 1 |
| 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 age | nt and title if applicable. (NOT) | E: Registered Agent signature requir | red when reinstating) DATI | E |
| 12. | ÖFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | D | DELETE | 1.1 TITLE | | Change Addition |
| NAME | HOLDEN, MARY ANN | | 1.2 NAME | | |
| STREET ADDRESS | 10007 1111 0111 0111 0111 | | 1.3 STREET ADDRESS | | |
| TITLE | PLANTATION FL 33324 | DELETE | 1.4 City-ST-ZIP 2.1 TITLE | | Change Addition |
| NAME | - | [Deter | 2.2 NAME | | TT Grande TT Virgingii |
| STREET ADDRESS | REID, MARGARET 8320 W SUNRISE BLVD, SUIT | - MARIE - MARI | 2.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | PLANTATION FL 33322 | | 2, 4 CITY-ST-ZIP | | 1 |
| TITLE | D | DELETE | 3.1 TITLE | | Change Addition |
| NAME | HOLSTEIN, GERALD K | | 3.2 NAME | | |
| STREET ADDRESS 8320 W SUNRISE BLVD, SUITE | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLANTATION FL 33322 | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | 1 |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | | 4.4 City-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | The state of the s | Change Addition |

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 bath, that I am an officer or director of the corporation or the receiver or trusted 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 has a attachment with an address.

6.2 NAME

5.2 NAME

5.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

NAME

19/98 (954)370-1220