PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000052460**

1. Corporation Name

TRAILER PARK PARTNERS VII, INC.

Principal Place of Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90086 047 ***150.00



BOCA RATON FL 33432 BOCA RATON FL 33432											
DOOR HATCH TE SOME					}	DO NOT WRITE IN THIS SPACE					
						3. Date Inco		Qualifed			
2. Principal P	Place of Business	th			4. FEI Numi	ber			X Ap	plied For	
21 1801	NF A MST SCOOL	120	St		105-	085	369	1	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate				\$8.75 / Fee Re	Additional quired
City & State						6. Election (Campaign Fi	inancing		\$5.00	May Re
23 BOY	inton Beach FL	Be	ach	H		nd Contributi			Added t		
Zip	Country			8. This corp	oration owe:	s the curr	ent year In		_		
24 334	35 [25] USA	<u>USt</u>			Property Ta			Yes	□No		
	9. Name and Address of Current R	egistered Agent	 -			10. Name ar	nd Address	of New F	Registered	Agent	
CDA	NET LLOVO		81	Name							i
GRANET, LLOYD					Address	(P.O. Box N	umber is No	t Accepta	ible)		
5200 TOWN CENTER CIR, STE 302 BOCA RATON FL 33486									_ 		
500	77 (VIII) 1 C 30100		83		_		_				
			84	City					FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes, t	he above	-named	corpora	tion submits	this stateme	nt for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State of I im familiar with, and accept the obligation	Florida. Such change was autho	rized by	the corp	oration's	s board of dire	ectors. I here	eby accer	ot the appor	intment as re	gistered
1	in familiar with, and accept the obligation	is of, obclight our loods, i longs	Clatates								ļ
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Reg	istered Ager	it signature i	required wh	nen reinstating)	·		DATE		i
12.	OFFICERS AND U		13.				S/CHANGE	S TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	D DELETE 13 TIT					sident				Change	☐ Addition
NAME	SPILLANE, MARK 12 NA				1800 i	llane,	MARK		3.0.7	•	
STREET ADDRESS				ADDRESS	180	I NE A	th St S	Suite	200		Į
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-S		ROW	nton B	wach	FL	3343	:5	İ
TITLE		☐ DELETÉ	2.1 TITLE		1					Change	☐ Addition
NAME			2.2 NAME		ì						Ì
STREET ADDRESS			2.3 STREET	ADDRESS							
CITY-ST-ZIP	والمعارضين الدارا مي منعد الدر التيارات محمد والم		·2:4 CITY-5						-		
TITLE	☐ DELETE 3.1 TIT				<u> </u>					Change	Addition
NAME			3.2 NAME		ļ						
STREET ADDRESS			3.3 STREET	ADDRESS							
CITY-ST-ZIP			3.4. CITY-S	T-ZIP							ĺ
TITLE	DELETE 4.1 TIT									Change	☐ Addition
NAME		į	4. 2 NAME								
STREET ADDRESS		ì	4.3 STREET	ADDRESS							\
CITY-ST-ZIP]	4.4 CITY-S	ſ∙ŻIP							
TITLE		☐ DELETE	5.1 TITLE		1					Change	☐ Addition
NAME		j	5.2 NAME								
STREET ADDRESS			5.3 STREET	ADDRESS							ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE							☐ Change	☐ Addition
NAME)	6.2 NAME								Ì
STREET ADDRESS			6.3 STREET	ADDRESS							
CITY-ST-ZIP			6.4 CITY-S	T-ZIP							l l

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #