FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P98000073387 HOBE SOUND MOBILE HOME PARK ASSOCIATES, INC. 04-06-2001 90067 017 ***150.00 Principal Place of Business Mailing Address 11090 S.E. FEDERAL HIGHWAY 30300 TELEGRAPH RD HOBE SOUND FL 33455 SUITE 117 BINGHAM FARMS MI 48025 2. Principal Place of Business 3. Mailing Address MAPLE RD. 370 EAST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FLOOR Applied For City & State City & State 4. FEI Number 65-0859959 DIRMING HAM Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -DAVIS, ROBERT-S. Street Address (P.O. Box Number is Not Acceptable) 11090 S.E. FEDERAL HIGHWAY **HOBE SOUND FL 33455** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Addition TIT! F DAVIS, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 11090 S.E. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 □ Addition Delete TITLE TITLE BELLINSON JAMES NAME BELLINSON, JAMES L NAME 242 ASPEN STREET ADDRESS STREET ADDRESS 242 ASTED CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM MI 48009 BIRMINGHAM TITLE ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information exposed 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.