

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S47815 (3)

1. Corporation Name
SHADY NEST MOBILE HOME PARK, INC.



Principal Place of Business P.O. BOX 490533 LEESBURG FL 34749-0533	Mailing Address P.O. BOX 490533 LEESBURG FL 34749-0533
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1991	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Zip	26 City
4. FEI Number 59-3062850		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LAMBERT, PATRICIA A. 446 COUNTY ROAD C/O POST OFFICE BOX 490533 LEESBURG FL 34749			B1 Name		
			B2 Street Address (P.O. Box Number is Not Acceptable)		
			B3		
			B4 City		

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: _____ (NOTE: Registered agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
P	LAMBERT, ROBERT	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2418 1/2 VIRGINIA DR	1.1 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.2 CITY-ST-ZIP	
VTS	LAMBERT, PATRICIA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2418 1/2 VIRGINIA DR	2.1 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.2 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.2 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.2 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.2 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 STREET ADDRESS	
<input type="checkbox"/> DELETE		6.2 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate; 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: *Patricia A. Lambert* (352) 365-7832 2-18-98

CR2E034 (10/97)