

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 23 1997 8:00 am
Secretary of State

DOCUMENT # **S95673** (7)
1. Corporation Name
HACIENDA VILLAGE MOBILE HOME PARK, INC.



Principal Place of Business: **7505 GRANADA AVENUE
NEW PORT RICHEY FL 34653**
Mailing Address: **6939 HACHEM DR.
PORT RICHEY FL 34688-1398
US**

3. Date Incorporated or Qualified: **11/21/1991**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3095507**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**HACHEM, SALEH
6939 HACHEM DRIVE
PORT RICHEY FL 34688**

10. Name and Address of New Registered Agent
81 Name: **SAM HACHEM**
82 Street Address (P.O. Box Number is Not Acceptable): **6939 HACHEM DR**
83
84 City: **PORT Richey** FL 85 Zip Code: **34668**

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]* **PRESIDENT** DATE: **1/4/97**

12. OFFICERS AND DIRECTORS
TITLE: **PD** DELETE
NAME: **HACHEM, SALEH**
STREET ADDRESS: **6939 HACHEM DRIVE**
CITY-ST-ZIP: **PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **PD** Change Addition
1.2 NAME: **SAM HACHEM**
1.3 STREET ADDRESS: **6939 HACHEM DRIVE**
1.4 CITY-ST-ZIP: **PORT Richey FL 34668**
2.1 TITLE: **DST** Change Addition
2.2 NAME: **LAURICE A. HACHEM**
2.3 STREET ADDRESS: **6939 HACHEM DR.**
2.4 CITY-ST-ZIP: **PORT Richey, FL. 34668**

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: _____ Daytime Phone #: _____

CR2E034 (9/96)