2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2013
Secretary of State
CC5596855996

DOCUMENT# 732041

Entity Name: FORT DADE MOBILE HOME PARK ASSOCIATION, INC.

Current Principal Place of Business:

34961 MAJOR DADE DRIVE
RIDGE MANOR, FL 33523

Current Mailing Address:

C/O SHIRLEY WHALEN
34992 FRASER ST
DADE CITY, FL 33523

FEI Number: 52-1328570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHALEN, SHIRLEY
34992 FRASER ST.
DADE CITY, FL 33523 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	PP
Name	DENNIS, KRUCKENBERG	Name	FARRAR, HELEN
Address	35010 ROMAR STREET	Address	34990 HAWKIOWA
City-State-Zip:	DADE CITY FL 33523	City-State-Zip:	DADE CITY FL 33523
Title	TD	Title	SD
Name	WHALEN, SHIRLEY	Name	MOODY, BRENDA
Address	34992 FRASER ST.	Address	34984 FRASER ST
City-State-Zip:	DADE CITY FL 33523	City-State-Zip:	DADE CITY FL 33523
Title	D	Title	D
Name	TRUITT, SUE	Name	WHALEN, WILLIS B
Address	34864 MAJOR DADE DRIVE	Address	34992 FRASER ST
City-State-Zip:	DADE CITY FL 33523	City-State-Zip:	DADE CITY FL 33523

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY WHALEN — TREASURER — 01/15/2013

Electronic Signature of Signing Officer/Director Detail — Date