

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20170

Entity Name: BAHR'S MOBILE HOMEOWNERS COOPERATIVE, INC.**Current Principal Place of Business:**39444 DANCERS LANE
ZEPHYRHILLS, FL 33542**Current Mailing Address:**39444 DANCERS LANE
ZEPHYRHILLS, FL 33542**FEI Number:** 65-0019771**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, BEVERLY
6552 FAY DRIVE
ZEPHYRHILLS, FL 33542 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:** BEVERLY CLARK

03/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WOODRUFF, LYNN
Address 39418 MELONIE LANE
City-State-Zip: ZEPHYRHILLS FL 33542

Title TREASURER
Name NICHOLS, JEAN
Address 39442 ENID AVE
City-State-Zip: ZEPHYRHILLS FL 33542

Title TRUSTEE
Name KELLY, JAMES
Address 39414 MELONIE LANE
City-State-Zip: ZEPHYRHILLS FL 33542

Title PRESIDENT
Name FREER, CHRISTINA
Address 39424 FAIRLANE DR
City-State-Zip: ZEPHYRHILLS FL 33542

Title VP
Name FREEMAN, FREDERICK
Address 39394 DANCERS LANE
City-State-Zip: ZEPHYRHILLS FL 33542

Title TRUSTEE
Name PITTMAN, ED
Address 39446 FAIRLANE DRIVE
City-State-Zip: ZEPHYRHILLS FL 33542

Title TRUSTEE
Name LORIMER, RICHARD
Address 6549 FAY DRIVE
City-State-Zip: ZEPHYRHILLS FL 33542

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: JEAN NICHOLS

TREASURER

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date