

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002792

FILED
Apr 15, 2009
Secretary of State

Entity Name: TALL OAKS MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

525 BAREFOOT WILLIAMS RD
LOT 172
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

525 BAREFOOT WILLIAMS RD
LOT 172
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 65-0419990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE JAY COLLING + ASSOCIATES, PA
529 VERSAILLES DRIVE
SUITE 103
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HICKS, WILLIAM
Address: 525 BAREFOOT WILLIAMS RD, LOT 168
City-St-Zip: NAPLES, FL 34113

Title: TD () Delete
Name: SCHMITT, R. BARRIE
Address: 525 BAREFOOT WILLIAMS RD., LOT 172
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: WILLIAMS, RANDY
Address: 525 BAREFOOT WMS RD #79
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: VAUGHN, ROGER
Address: 525 BAREFOOT WMS RD #166
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: VISCIO, NICK
Address: 525 BAREFOOT WMS RD #42
City-St-Zip: NAPLES, FL 34113

Title: SD () Delete
Name: THOMPSON, RENE
Address: 525 BAREFOOT WMS RD #51
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: TANTILLO, PHIL
Address: 525 BAREFOOT WMS RD #235
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RENE THOMPSON

SD

04/15/2009

Electronic Signature of Signing Officer or Director

Date