

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-10-2006 90011 002 ****61.25

66007010



1st MOORE CR2E037 (10/05)

DOCUMENT # N07560 1. Entity Name HILLSIDE MOBILE HOME OWNER'S, INC.					
Principal Place of Business LUCETTE LABEL 39602 CALAMANDA AVE. ZEPHYRHILLS FL 33542 US			Mailing Address LUCETTE LABEL 39602 CALAMANDA AVE. ZEPHYRHILLS FL 33542 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-2828202 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LEBEL, LUCETTE 39602 CALAMANDA AVE. ZEPHYRHILLS FL 33542	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and his if applicable (NOTE: Registered Agent signature required when returning)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '06		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNHAM, RICHARD 39624 SWEETGUM AVE. ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE HAYDEN CHARLES 39628 SWEETGUM AVE ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, RUPERT 39608 SWEET GUM AVE ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, RUPERT 39608 SWEETGUM AVE ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCETTE LABEL 39602 CDALANADA AVE. ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEBEL LUCETTE 39602 CALAMANDA AVE ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLF, KEN 39712 SWEETGUM AVE ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE CATHERS, GARY 39542 BAMBOO LANE ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES, ROBERT 6601 MULBERRY ST. ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTTER PEG 39707 SWEETGUM AVE ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES, ROBERT 6601 MULBERRY ST. ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMISON HOWARD 39551 CALAMANDA AVE ZEPHYRHILLS FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>L. Lebel Treasurer</u> <u>February 24/06</u> <u>813</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT

66007010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2006

HILLSIDE MOBILE HOME OWNER'S, INC.
LUCETTE LEBEL
39602 CALAMANDA AVE.
ZEPHYRHILLS, FL 33542 US

Subject: HILLSIDE MOBILE HOME OWNER'S, INC.

Reference Number: N07560

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION

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need titles
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director on
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send back.

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director