

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90033 048 ****61.25

DOCUMENT # 749360 1. Entity Name TROPICAL MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 37407 RAY DRIVE ZEPHYRHILLS FL 33541 US				Mailing Address 4830 LEMAR DRIVE ZEPHYRHILLS FL 33541 US	
2. Principal Place of Business		3. Mailing Address Evelyn Gannon Suite, Apt. #, etc. 37406 HAMMOND DR. City & State zephyrhills FL.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip 33541	
Country		Country		Country Pasco	
6. Name and Address of Current Registered Agent HAANDE HIRSCH, ELLEN 2401 W BAY DR STE 414 LARGO FL 33770				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLINSHEAD, GERALD <input type="checkbox"/> Delete 37322 BURDOCK DRIVE ZEPHYRHILLS FL 33541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BEARDSLEE, VERNON 37330 KINKAID DRIVE ZEPHYRHILLS FL 33541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete LUTHRINGER, MARGARET 87243 TROPICAL DR ZEPHYRHILLS FL 33541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete COX, CHARLES A 4830 LAMAR ROAD ZEPHYRHILLS FL 33541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> first Last Evelyn Gannon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37406 HAMMOND DR. Zephyrhills, FL. 33541 Treasurer </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HANNER, ARVELLA 37411 RAY DR ZEPHYRHILLS FL 33541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete HYATT, ELAINE 4825 KENT DR ZEPHYRHILLS FL 33541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> Last First LONG ELAINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4825 KENT DR. ZEPHYRHILLS, FL. 33541 (REMAINED) </div>	
12. I 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 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: <i>Evelyn Gannon (Treasurer)</i> 2/9/04 813-788-9309 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					