

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90047 023 \*\*\*\*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

EVELYN GANNON  
37406 HAMMOND DR.  
ZEPHYRHILLS FL 33541  
US

**50016426**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

*Tropical Mobile Home Park*  
Suite, Apt. #, etc.  
*37407 Ray Dr.*  
City & State  
*Zephyrhills, FL.*  
Zip  
*33541*

3. Mailing Address

*Evelyn Gannon*  
Suite, Apt. #, etc.  
*37406 Hammond Dr.*  
City & State  
*Zephyrhills FL.*  
Zip  
*FL 33541*

4. FEI Number

59-2349982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOLLINSHEAD, GERALD	
STREET ADDRESS	37322 BURDOCK DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEARDSLEE, VERNON	
STREET ADDRESS	37330 KINKAID DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LUTHRINGER, MARGARET	
STREET ADDRESS	87243 TROPICAL DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input type="checkbox"/> Delete
NAME	GANNON, EVELYN	
STREET ADDRESS	37406 HAMMOND DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNER, ARVELLA	
STREET ADDRESS	37411 RAY DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, ELAINE	
STREET ADDRESS	4825 KENT DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Norman Gannon</i>	
STREET ADDRESS	<i>37406 Hammond Dr.</i>	
CITY-ST-ZIP	<i>Zephyrhills, FL 33541</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>New Officers:</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Pres.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>NORMAN GANNON</i>	
STREET ADDRESS	<i>37406 HAMMOND DR.</i>	
CITY-ST-ZIP	<i>Zephyrhills, FL 33541</i>	
TITLE	<i>Sec.</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MYRTLE MACKAY</i>	
STREET ADDRESS	<i>37301 HAMMOND DR.</i>	
CITY-ST-ZIP	<i>Zephyrhills, FL 33541</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Evelyn Gannon (Treasurer)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Feb 7-2005*