

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 032 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

HAANDE HIRSCH, ELLEN
2401 W BAY DR STE 414
LARGO FL 33770

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GANNON, NORMAN	
STREET ADDRESS	37406 HAMMOND DR	
CITY- ST- ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BEARDSLEE, VERNON	
STREET ADDRESS	37330 KINKAID DRIVE	
CITY- ST- ZIP	ZEPHYRHILLS FL 33541	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MACKEY, MYRTLE	
STREET ADDRESS	37301 HAMMOND 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 checked="" type="checkbox"/> Delete
NAME	LOWING, KENNETH	
STREET ADDRESS	37406 TROPICAL DRIVE	
CITY- ST- ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith Alan	
STREET ADDRESS	37419 Hammond Dr	
CITY- ST- ZIP	Zephyrhills, FL. 33541	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA GARDNER	
STREET ADDRESS	4819 KENT DR.	
CITY- ST- ZIP	zephyrhills, FL. 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jensen Vaughn	
STREET ADDRESS	37312 Tropical Dr	
CITY- ST- ZIP	Zephyrhills, FL. 33541	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean James	
STREET ADDRESS	37406 Ray Dr.	
CITY- ST- ZIP	zephyrhills, FL. 33541	

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: *Evelyn Gannon, Treasurer 2/9/07*