2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90013 006 ****61.25

DOCUMENT # 749360

1. Entity Name

TROPICAL MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
37407 RAY DRIVE ZEPHYRHILLS FL 33541 US	EVELYN GANNON 37406 HAMMOND DR. ZEPHYRHILLS FL 33541 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	SHERRY BLEDSOE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 37444 TROPICAL DR.
City & State	City & State ZEPHYRHILLS FL
Zip / Country	Zip 33541 / Country PASCO

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 _____ DATE

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GANNON, NORMAN 37406 HAMMOND DR ZEPHYRHILLS FL 33541	☒ Delete	PRESIDENT GERALD HOLLINSHEAD 37322 BURDOCK DR. ZEPHYRHILLS FL 33541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALAN, SMITH 37419 HAMMOND DR ZEPHYRHILLS FL 33541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARDNER, VIRGINIA 4819 KENT DR ZEPHYRHILLS FL 33541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GANNON, EVELYN 37406 HAMMOND DR. ZEPHYRHILLS FL 33541	☒ Delete	TREASURER SHERRY BLEDSOE 37444 TROPICAL DR. ZEPHYRHILLS, FL 33541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENSEN, VAUGHN 37312 TROPICAL DR ZEPHYRHILLS FL 33541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, DEAN 37406 RAY DR ZEPHYRHILLS FL 33541	☐ Delete		☐ Change ☐ 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: Sherry Bledsoe 2-4-2008 813-715-1762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #