

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752057 (0)
1. Corporation Name
HILLSIDE PARK MOBILE HOME OWNERS ASSN., INC.



Principal Place of Business Mailing Address
123 MCMULLEN BOOTH RD.
104
CLEARWATER FL 34619
US 123 MCMULLEN BOOTH RD.
LOT 104
CLEARWATER FL 34619
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/16/1980	02/20/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2392316	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

SAVERY, DON
123 MCMULLEN BOOTH ROAD
LOT 104
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name	Don Savery (Same)
82 Street Address (P.O. Box Number is Not Acceptable)	123 McMullen Booth Road #104
83 City	Clearwater, Florida
84 Zip Code	34619 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SAVERY, DON 123 MCMULLEN BOOTH ROAD #104 CLEARWATER FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP FOLEY, HELEN 123 MCMULLEN BOOTH ROAD #105 CLEARWATER FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S WILLIAMS, NANCY 123 MCMULLEN BOOTH ROAD #123 CLEARWATER FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MILLS, DON 123 MCMULLEN BOOTH ROAD #113 CLEARWATER FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KUNITZ, HOWARD 123 MCMULLEN BOOTH ROAD #110 CLEARWATER FL	5.1 TITLE	
NAME		5.2 NAME	Max Edwards
STREET ADDRESS		5.3 STREET ADDRESS	123 McMullen Booth Rd. #231
CITY-ST-ZIP		5.4 CITY-ST-ZIP	231
TITLE	D DENSON, GAIL 123 MCMULLEN BOOTH RD., LOT 219 CLEARWATER FL 34619	6.1 TITLE	
NAME		6.2 NAME	Ernie Leblanc
STREET ADDRESS		6.3 STREET ADDRESS	123 McMullen Booth Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, Florida 34619

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DONALD SAVERY Donald Savery 1-24-96-913-799-1087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)