

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 752057 (0)
1. Corporation Name
HILLSIDE PARK MOBILE HOME OWNERS ASSN., INC.Principal Place of Business
123 MCMULLEN BOOTH RD.
104
CLEARWATER FL 34619
US
Mailing Address
123 MCMULLEN BOOTH RD.
LOT 104
CLEARWATER FL 34619-4458
US3. Date incorporated or Qualified 04/16/1980
3a. Date of Last Report 01/31/19962. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country4. FEI Number 59-2392316
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DON SAVERY
123 MCMULLEN BOOTH ROAD, #104
LOT 104
CLEARWATER FL 3461981 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	SAVERY, DON	
STREET ADDRESS	123 MCMULLEN BOOTH ROAD #104	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOLEY, HELEN	
STREET ADDRESS	123 MCMULLEN BOOTH ROAD #105	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, NANCY	
STREET ADDRESS	123 MCMULLEN BOOTH ROAD #123	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, DON	
STREET ADDRESS	123 MCMULLEN BOOTH ROAD #113	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, MAX	
STREET ADDRESS	123 MCMULLEN BOOTH ROAD, #231	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEBLANC, ERNIE	
STREET ADDRESS	103 MCMULLEN BOOTH ROAD, # 102	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D STIPZLEIN-BIH
5.3 STREET ADDRESS	Clearwater FL
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D-H #207
6.3 STREET ADDRESS	DINSMORE-JIM
6.4 CITY-ST-ZIP	123 Mc Mullen Booth Clearwater FL

14. I do 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 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: SAVERY, DON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0087104

CR2E037 (9/96)