


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 752057 1. Corporation Name HILLSIDE PARK MOBILE HOME OWNERS ASSN. INC.		

Principal Place of Business	Mailing Address
123 MCMULLEN BOOTH RD. #233 CLEARWATER, FL. 33759	123 MCMULLEN BOOTH RD. #233 CLEARWATER, FL. 33759

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	4. Certificate Number	Applied For
04/16/1980	59-2392316	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HARVEY GIRARIDIN 123 MCMULLEN BOOTH RD. # 233 CLEARWATER, FL. 33759	

10. Name and Address of New Registered Agent	
81 Name	HARVEY GIRARDIN
82 Street Address (P.O. Box Number is Not Acceptable)	123 MCMULLEN BOOTH RD. # 233
83 City	CLEARWATER, FL. 33759
84 State	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 not a shareholder, officer, director, or employee of the corporation. I accept the obligations of, Section 617.0503, Florida Statutes. **03/18/98** **2/14/98**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	DON SAVERY
STREET ADDRESS	123MCMULLEN BOOTH RD. #104
CITY-ST-ZIP	
TITLE	V.P. T. <input type="checkbox"/> DELETE
NAME	HELEN FOLEY
STREET ADDRESS	123 MCMULLEN BOOTH RD. #105
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE
NAME	NANCY WILLIAMS
STREET ADDRESS	123MCMULLEN BOOTH RD. #123
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	HOWARD KUNITZ
STREET ADDRESS	123 MCMULLEN BOOTH RD. #110
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE
NAME	GAIL DENSON
STREET ADDRESS	123 MCMULLEN BOOTH RD. #219
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	DON MILLS #113
STREET ADDRESS	BILL STITZLEIN #109
CITY-ST-ZIP	123 MCMULLEN BOOTH RD.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARVEY GIRARDIN
1.3 STREET ADDRESS	123 MCMULLEN BOOTH RD. #233
1.4 CITY-ST-ZIP	
2.1 TITLE	V.P. T. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MERLE MCFARLIN
2.3 STREET ADDRESS	123MCMULLEN BOOTH RD. #114
2.4 CITY-ST-ZIP	
3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HELEN VAN IHINGER
3.3 STREET ADDRESS	123MCMULLEN BOOTH RD. #140
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOTTIE KING
4.3 STREET ADDRESS	123 MCMULLEN BOOTH RD. #111
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MAX EDWARDS
5.3 STREET ADDRESS	123 MCMULLEN BOOTH RD. #231
5.4 CITY-ST-ZIP	100002461551
6.1 TITLE	03/19/98 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DON MILLS #113
6.3 STREET ADDRESS	BILL STITZLEIN #109
6.4 CITY-ST-ZIP	123MCMULLEN BOOTH RD.

14. 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 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: *[Signature]* **10-3-98**
 DATE: _____ DAYTIME PHONE: _____

CR2E037 (10/97)