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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752057

1. Corporation Name

HILLSIDE PARK MOBILE HOME OWNERS ASSN., INC.

Principal Place of Business

123 MCMULLEN BOOTH RD.
#233
CLEARWATER FL 33759
US

Mailing Address

123 MCMULLEN BOOTH RD.
#233
CLEARWATER FL 33759
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/16/1980

4. FEI Number

59-2392316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GIRARDIN, HARVEY
123 MCMULLEN BOOTH RD.
#233
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME GIRARDIN, HARVEY
STREET ADDRESS 123 MCMULLEN BOOTH RD. #233
CITY-ST-ZIP CLEARWATER FL 33759

TITLE VPT ☐ DELETE
NAME MCFARLIN, MERLE
STREET ADDRESS 123 MCMULLEN BOOTH RD. #114
CITY-ST-ZIP CLEARWATER FL 33759

TITLE S ☐ DELETE
NAME VAN IINGER, HELEN
STREET ADDRESS 123 MCMULLEN BOOTH RD. #140
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ DELETE
NAME KING, DOTTIE
STREET ADDRESS 123 MCMULLEN BOOTH RD. #111
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ DELETE
NAME EDWARDS, MAX
STREET ADDRESS 123 MCMULLEN BOOTH RD. #231
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ DELETE
NAME MILLS, DON
STREET ADDRESS 123 MCMULLEN BOOTH RD. #109
CITY-ST-ZIP CLEARWATER FL 33759

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME RICHARD KINSEHER
1.3 STREET ADDRESS 123 MCMULLEN BOOTH RD. #129
1.4 CITY-ST-ZIP CLEARWATER, FL. 33759

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JOSEPH B. JONES
2.3 STREET ADDRESS 123 MCMULLEN BOOTH RD #241
2.4 CITY-ST-ZIP CLEARWATER, FL. 33759

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15-1-99

CR2E037 (11/98)