

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90040 010 \*\*\*\*61.25

**DOCUMENT # 752057**

1. Entity Name

HILLSIDE PARK MOBILE HOME OWNERS ASSN., INC.



Principal Place of Business

123 S. MCMULLEN BOOTH RD.  
LOT 135  
CLEARWATER FL 33759  
US

Mailing Address

123 S. MCMULLEN BOOTH RD.  
LOT 135  
CLEARWATER FL 33759  
US

34040104



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2392316

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLEMENS, EDWARD S SR  
123 S. MCMULLEN BOOTH RD.  
#135  
CLEARWATER FL 33759

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

*Edward S Clemens*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE P  
NAME COLLINGSWORTH, LARRY  
STREET ADDRESS 123 S. MCMULLEN BTH RD LOT 213  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE VP  
NAME WALLACE, DONNA  
STREET ADDRESS 123 MCCULLEN BOOTH RD #133  
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Delete

TITLE S  
NAME CLEMENS, EDWARD S  
STREET ADDRESS 123 S. MCMULLEN BTH RD LOT 135  
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Delete

TITLE T  
NAME BULGER, JIM  
STREET ADDRESS 123 S. MCMULLEN BTH RD LOT 138  
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Delete

TITLE D  
NAME WELLS, LILA  
STREET ADDRESS 123 S. MCMULLEN BTH RD LOT  
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Delete

TITLE D  
NAME TUDOR, PAUL  
STREET ADDRESS 123 S. MCMULLEN BTH RD LOT  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VICEPRESIDENT  
NAME CHARLES BORDEN  
STREET ADDRESS 123 S. MCMULLEN BTH RD LOT 118  
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Change ☐ Addition

TITLE SECRETARY  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME EDWARD S CLEMENS  
STREET ADDRESS 123 S. MCMULLEN BTH RD  
CITY-ST-ZIP LOT 135  
CLEARWATER FL 33759-4422 ☒ Change ☐ Addition

TITLE DIRECTOR  
NAME JIM ARMSTRONG  
STREET ADDRESS 123 S MCMULLEN BTH RD LOT 105  
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

*Edward S Clemens*

EDWARD S. CLEMENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 226

7/28/04 8156