

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90036 045 *****70.00

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1. Entity Name

SEVENDIPITY MOBILE HOMEOWNERS INC.



Principal Place of Business

8793 LITTLETON RD.
NORTH FORT MYERS FL 33903
US

Mailing Address

8793 LITTLETON RD.
NORTH FORT MYERS FL 33903
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2354734

Applied For

Not Applicable

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

TIDWELL, ALBERT L
10480 STRINGFELLOW RD
SUITE 2
SAINT JAMES CITY FL 33956

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

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME HOBART, CARL ☐ Delete
STREET ADDRESS 336 ENCORE DR
CITY-ST-ZIP N. FORT MYERS FL 33903

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

TITLE P
NAME KING, RUSSELL ☐ Delete
STREET ADDRESS 193 HOBNAIL DR
CITY-ST-ZIP N. FORT MYERS FL 33903

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

TITLE SD
NAME REEMSnyder, JEAN ☐ Delete
STREET ADDRESS 267 MOONWIND DR
CITY-ST-ZIP N. FORT MYERS FL 33903

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

TITLE TD
NAME KING, MARION ☐ Delete
STREET ADDRESS 193 HOBNAIL DR
CITY-ST-ZIP N. FORT MYERS FL 33903

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

TITLE PVP
NAME COUP, MARIAN ☐ Delete
STREET ADDRESS 237 HOBNAIL DR
CITY-ST-ZIP N. FORT MYERS FL 33903

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

TITLE VPD
NAME WERBLO, NILES ☒ Delete
STREET ADDRESS 6 HOBNAIL DR
CITY-ST-ZIP N. FT MYERS FL 33903

TITLE D
NAME GIBSON, ROBERT ☒ Change ☐ Addition
STREET ADDRESS 242 HOBNAIL DR, N.FT.MYERS, FL. 33903
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2005 (239) 995-7780

Date

Daytime Phone #