2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# 768110

Entity Name: LAKE TARPON MOBILE HOME VILLAGE ASSOCIATION, INC

Current Principal Place of Business:

36299 US 19 NORTH
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

C/O JAN MACKEY
40 WILLIAM PENN WAY
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-2147161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKEY, ELIZABETH J.
40 WILLIAM PENN WAY
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MACKEY, ELIZABETH J	
Address:	40 WILLIAM PENN WAY	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	S	( ) Delete
Name:	FORGUES, MARIANNE	
Address:	133 NEW ENGLAND AVE.	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	T	( ) Delete
Name:	RUDICK, BARBARA	
Address:	143 INDEPENDENCE AVE	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	VP	( ) Delete
Name:	NOAH, JOHN	
Address:	23 LEXINGTON CT	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	DOSS, JAMES	
Address:	220 INDEPENDENCE AVE.	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	DRAYTON, GORDON	
Address:	256 INDEPENDENCE AVE.	
City-St-Zip:	PALM HARBOR, FL 34684	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA RUDICK T 01/25/2006

Electronic Signature of Signing Officer or Director — Date