

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768110

FILED
Jan 25, 2010
Secretary of State

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 MARIANNE FORGUES
133 NEW ENGLAND AVE.
PALM HARBOR, FL 34684 US

New Mailing Address:

C/O SCOTT DODRILL
164 PHILADELPHIA AVE.
PALM HARBOR, FL 34684 US

FEI Number: 59-2147161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDICK, BARBARA
143 INDEPENDENCE AVE.
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
Name: DODRILL, SCOTT
Address: 164 PHILADELPHIA VE.
City-St-Zip: PALM HARBOR, FL 34684

Title: S
Name: PRYOR, VIRGINIA
Address: 45 CONCORD LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: T
Name: RUDICK, BARBARA
Address: 143 INDEPENDENCE AVE
City-St-Zip: PALM HARBOR, FL 34684

Title: D
Name: ELLIS, GEORGE
Address: 33 WILLIAM PENN WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: D
Name: OSBORNE, BILL
Address: 131 PHILADELPHIA
City-St-Zip: PALM HARBOR, FL 34684

Title: D
Name: DECKER, JEANIE
Address: 160 COLONIAL CT.
City-St-Zip: PALM HARBOR, FL 34684

I hereby 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 all other like empowered.

SIGNATURE: BARBARA RUDICK

T

01/25/2010

Electronic Signature of Signing Officer or Director

Date