

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90045 017 \*\*\*150.00

**DOCUMENT # G92727**

1. Entity Name

ALCOVE MOBILE HOME OWNERS' ASSOC. INC.



Principal Place of Business

1600 OLD COACHMAN ROAD #217  
CLEARWATER FL 34625-1622

Mailing Address

1600 OLD COACHMAN ROAD #217  
CLEARWATER FL 34625-1622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33765-1618

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGES, PAUL S.  
50 SOUTH BELCHER AVE  
# 115  
CLEARWATER FL 33765

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 \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete  
NAME PHILLIS, GEORGE F  
STREET ADDRESS 1600 OLD COACHMAN RD  
CITY-ST-ZIP CLEARWATER FL 33765

TITLE P ☐ Delete  
NAME GROSTEFFON, DONALD F  
STREET ADDRESS 1600 OLD COACHMAN RD.  
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ Delete  
NAME JONES, ESTHER  
STREET ADDRESS 1600 OLD COACHMAN RD  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete  
NAME LOMBARD, RUSSELL  
STREET ADDRESS 1600 O COACHMAN RD  
CITY-ST-ZIP CLEARWATER FL 33765

TITLE D ☒ Delete  
NAME RUSSELL, JIM  
STREET ADDRESS 1600 O COACHMAN RD  
CITY-ST-ZIP CLEARWATER FL 33765

TITLE TD ☐ Delete  
NAME DETZLER, JOHN  
STREET ADDRESS 1600 OLD COACHMAN RD  
CITY-ST-ZIP CLEARWATER FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/D ☒ Change ☐ Addition  
NAME Phillis, George F  
STREET ADDRESS 1600 Old Coachman Rd., #910  
CITY-ST-ZIP Clearwater FL 33765

TITLE P/D ☒ Change ☐ Addition  
NAME Grosteffon, Donald F  
STREET ADDRESS 1600 Old Coachman Rd., #815  
CITY-ST-ZIP Clearwater FL 33765

TITLE S/D ☒ Change ☐ Addition  
NAME Jones, Esther M.  
STREET ADDRESS 1600 Old Coachman Rd., #110  
CITY-ST-ZIP Clearwater FL 33765

TITLE D ☒ Change ☐ Addition  
NAME Lombard, C. Russell  
STREET ADDRESS 1600 Old Coachman Rd., #506  
CITY-ST-ZIP Clearwater FL 33765

TITLE T/D ☐ Change ☒ Addition  
NAME Phillis, Dorothy L.  
STREET ADDRESS 1600 Old Coachman Rd., #910  
CITY-ST-ZIP Clearwater FL 33765

TITLE D ☒ Change ☐ Addition  
NAME Detzler, John R.  
STREET ADDRESS 1600 Old Coachman Rd., #215  
CITY-ST-ZIP Clearwater FL 33765

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 607, 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:

*Dorothy L. Phillis*

*Dorothy L. Phillis*

1/29/05

727-799-1047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

ALCOVE MOBILE HOME OWNERS' ASSOC. INC.

1600 Old Coachman Road, #217

Clearwater, FL 33765-1618

40011034  
#992727

ADDITIONAL:

D

DiDomineck, Anthony R.

1600 Old Coachman Rd., #603

Clearwater FL 33765