

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90029 038 ***150.00

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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 33765-1618



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2493283

Applied For

Not Applicable

Zip

Country

Zip

Country

33765-1618

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME PHILLIS, GEORGE F
STREET ADDRESS 1600 OLD COACHMAN ROAD #910
CITY-ST-ZIP CLEARWATER FL 33765

TITLE PD ☐ Delete
NAME GROSTEFFON, DONALD F
STREET ADDRESS 1600 OLD COACHMAN ROAD #815
CITY-ST-ZIP CLEARWATER FL 33765

TITLE SD ☐ Delete
NAME JONES, ESTHER
STREET ADDRESS 1600 OLD COACHMAN ROAD #110
CITY-ST-ZIP CLEARWATER FL 33765

TITLE D ☐ Delete
NAME LOMBARD, RUSSELL
STREET ADDRESS 1600 OLD COACHMAN ROAD #506
CITY-ST-ZIP CLEARWATER FL 33765

TITLE TD ☐ Delete
NAME PHILLIS, DOROTHY L
STREET ADDRESS 1600 OLD COACHMAN ROAD #910
CITY-ST-ZIP CLEARWATER FL 33765

TITLE D ☒ Delete
NAME DETZLER, JOHN
STREET ADDRESS 1600 OLD COACHMAN ROAD #215
CITY-ST-ZIP CLEARWATER FL 33765

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME PHILLIS, GEORGE F.
STREET ADDRESS 1600 OLD COACHMAN ROAD #910
CITY-ST-ZIP CLEARWATER FL 33765

TITLE VD ☒ Change ☐ Addition
NAME GROSTEFFON, DONALD F.
STREET ADDRESS 1600 Old Coachman Road #815
CITY-ST-ZIP CLEARWATER FL 33765

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

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

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

TITLE D ☐ Change ☒ Addition
NAME HAMILTON, NANCY L.
STREET ADDRESS 1600 Old Coachman Road #812
CITY-ST-ZIP CLEARWATER FL 33765

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY L. PHILLIS

3/29/06
Date

727-797-5438
Daytime Phone #