

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90029 027 ****61.25

DOCUMENT # N02000002956

1. Entity Name

**A BETTER PLACE MANUFACTURED HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**1300 BLACK OLIVE DR
DELAND FL 32724**

Mailing Address
**1300 BLACK OLIVE DR
DELAND FL 32724**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0736711

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

**HOPKINS, LARRY
504 WILD CHERRY DR
DELAND FL 32724**

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, 2006**

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

TITLE **DP** ☐ Delete
NAME **PALM, FRANCIS**
STREET ADDRESS **1309 BLACK OLIVE DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **DV** ☒ Delete
NAME **KNOTEK, CHARLES**
STREET ADDRESS **1345 NUTWOOD DRIVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **DT** ☐ Delete
NAME **GRANGER, BRENDA**
STREET ADDRESS **1338 BLACK OLIVE DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **DS** ☐ Delete
NAME **WEBB, BARBARA**
STREET ADDRESS **1308 NUTWOOD DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Natalie P. Luy**
STREET ADDRESS **1312 Black Olive Dr**
CITY-ST-ZIP **Deland FL 32724**

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

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 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: *Francis Palm*

March 23, 2006 (386-)
- 734-7414