

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007292

FILED  
Feb 04, 2007  
Secretary of State

**Entity Name:** JONES MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

1895 N TAMIAMI TRAIL D07  
N FT MYERS, FL 33903

## New Principal Place of Business:

1895 N TAMIAMI TRAIL D07  
D07  
N FT MYERS, FL 33903

## Current Mailing Address:

1895 N TAMIAMI TRAIL D07  
N FT MYERS, FL 33903

## New Mailing Address:

1895 N TAMIAMI TRAIL D07  
D07  
N FT MYERS, FL 33903

FEI Number: 65-0821226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAINES, PAT  
1895 N TAMIAMI TRAIL D07  
N FT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

HAINES, PAT  
1895 N TAMIAMI TRAIL D07  
D07  
N FT MYERS, FL 33903 US

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: PAT HAINES

02/04/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CYR, PAULETTE  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

Title: V ( ) Delete  
Name: WEBSTER, JEANNE  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

Title: ST ( ) Delete  
Name: HAINES, PAT  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

Title: D ( ) Delete  
Name: GAITHER, WOODY  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

Title: D ( ) Delete  
Name: CHAREST, RALPH  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

Title: D ( ) Delete  
Name: GESSER, HELEN  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GAITHER, MARJO  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

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: D (X) Change ( ) Addition  
Name: FLETCHER, CHARLES  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

Title: D (X) Change ( ) Addition  
Name: GAITHER, LAURA  
Address: 1895 N TAMIAMI TRAIL D07  
City-St-Zip: N FT MYERS, FL 33903

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: PAT HAINES

SEC

02/04/2007

Electronic Signature of Signing Officer or Director

Date