



# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N05000011434</b> 1. Entity Name <b>HOLLYWOOD MOBILE HOME OWNERS ASSOCIATION INC.</b>						<div style="font-size: 1.2em; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">06 NOV -3 PM 2:17</div>	
Principal Place of Business <b>7230 4TH STREET NORTH, LOT 222 ST. PETERSBURG, FL 33702 US</b>				Mailing Address <b>7230 4TH STREET NORTH, LOT 222 ST. PETERSBURG, FL 33702 US</b>			
2. Principal Place of Business <b>7230 4th Street North</b> <small>Suite, Apt. #, etc.</small> <b>LOT # 1405</b>		3. Mailing Address <b>P.O. BOX 56704</b> <small>Suite, Apt. #, etc.</small>					
City & State <b>St. Petersburg, Fl.</b>		City & State <b>St. Petersburg, Fl.</b>		4. FEI Number <b>01-0852195</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33702</b>		Country <b>Pinelas</b>		Zip <b>33732</b>		Country <b>Pinelas</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				08312006 Chg-NP CR2E037 (4/06)			
6. Name and Address of Current Registered Agent  <b>BENFIELD, JOHN</b> <b>7230 4TH STREET NORTH, LOT 222</b> <b>ST. PETERSBURG, FL 33702</b>				7. Name and Address of New Registered Agent Name <b>LYNETTE KNOBLAUCH</b> Street Address (P.O. Box Number is Not Acceptable) <b>7230 4th STREET NORTH</b> <b>LOT # 1405</b> City <b>ST. PETERSBURG, FL</b> Zip Code <b>33702</b>			
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 <i>Lynette Knoblauch - Chairman of the Board</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>8/31/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>GARRETT, PHOEBE</b> STREET ADDRESS <b>7230 4TH STREET NORTH, LOT 333</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>				TITLE <b>CHAIRMAN OF THE BOARD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>LYNETTE KNOBLAUCH</b> STREET ADDRESS <b>7230 4th ST. NORTH Lot 1405</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>			
TITLE <b>PCD</b> <input checked="" type="checkbox"/> Delete NAME <b>DECORET, REGGIE</b> STREET ADDRESS <b>7230 4TH STREET NORTH, LOT 1208</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>				TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>REGGIE DECORET</b> STREET ADDRESS <b>7230 4th ST. NORTH LOT 1208</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>			
TITLE <b>V</b> <input checked="" type="checkbox"/> Delete NAME <b>BRADSHAW, TERRY</b> STREET ADDRESS <b>7230 4TH STREET NORTH, LOT 129</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>				TITLE <b>2nd VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>CHARLES RUNYEON</b> STREET ADDRESS <b>7230 4th ST. NORTH LOT 601</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>			
TITLE <b>S</b> <input checked="" type="checkbox"/> Delete NAME <b>BENFIELD, JOHN</b> STREET ADDRESS <b>7230 4TH STREET NORTH, LOT 222</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>				TITLE <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>CAROLE ALICEA</b> STREET ADDRESS <b>7230 4th ST. NORTH LOT 1603</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>			
TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>GOLDEN, MARY</b> STREET ADDRESS <b>7230 4TH STREET NORTH, LOT 1705</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>600081504056</b> STREET ADDRESS <b>11/03/06--01044--004 **61.25</b> CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: <b>LYNETTE KNOBLAUCH</b> <i>Lynette Knoblauch</i>				DATE <b>8/31/06</b> (727)522-2575 <small>Daytime Phone #</small>			