

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90070 044 ****61.25

DOCUMENT # N07253

1. Entity Name

ZEPHYR MOBILE PARK, HOME OWNERS ASSO. INC.



Principal Place of Business

ZYPHYR MOBILE PARK
38400 GAINES ST.
ZEPHYRHILLS FL 33542-6238
US

Mailing Address

ZYPHYR MOBILE PARK
38400 GAINES ST.
ZEPHYRHILLS FL 33542-6238
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2772798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACKEY, JOE
38353 GAINES ST
ZEPHYRHILLS FL 33542

7. Name and Address of New Registered Agent

Name

MARY JO NEAL

Street Address (P.O. Box Number is Not Acceptable)

3926 DIXON ST.

City

ZEPHYRHILLS

FL

Zip Code

33542

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

Mary Jo Neal

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	MAYER, CAROL	
STREET ADDRESS	38347 GAINES ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHIELDS, RUTH	
STREET ADDRESS	38400 GAINES ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWEETEN, ELVA	
STREET ADDRESS	4022 ETON ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAWES, ELEANOR	
STREET ADDRESS	38420 GAINES ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, BEN	
STREET ADDRESS	38349 GAINES ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, RAY	
STREET ADDRESS	3944 BRISTOL	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, RUTH	
STREET ADDRESS	38400 GAINES ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN HEATH	
STREET ADDRESS	3933 FIELDING ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAINE MANWARREN	
STREET ADDRESS	3932 BRISTOL ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:

Ruth Shields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27/05

(813) 783-3448

Date Daytime Phone #