


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

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90171 034 \*\*\*\*61.25

<b>DOCUMENT # N07253</b> 1. Entity Name <b>ZEPHYR MOBILE PARK, HOME OWNERS ASSO. INC.</b>	
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Principal Place of Business <b>ZEPHYR MOBILE PARK 38400 GAINES ST. ZEPHYRHILLS FL 33542-6238 US</b>	Mailing Address <b>ZEPHYR MOBILE PARK 38400 GAINES ST. ZEPHYRHILLS FL 33542-6238 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2772798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NEAL, MARY JO 3926 DIXON STREET ZEPHYRHILLS FL 33542</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYER, CAROL 38347 GAINES ST. ZEPHYRHILLS FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JIM LE GROW 3935 BRISTOL ST. ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIELDS, RUTH 38400 GAINES ST. ZEPHYRHILLS FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MAURICK COTE 3929 BRISTOL ST. ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEATH, EVELYN 3933 FIELDING STREET ZEPHYRHILLS FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. WAYNE PETERSON 39353 GAINES ST. ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANWARREN, ELAINE 3932 BRISTOL STREET ZEPHYRHILLS FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. OLIVE BERGERT 3922 BRISTOL ST. ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, BEN 38349 GAINES ST. ZEPHYRHILLS FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTERNATE / CHAIRMAN REV. MARTIN BORTON 3934 BRISTOL ST. ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, RAY 3944 BRISTOL ZEPHYRHILLS FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTERNATE / FMO. REP. SHIRLEY JOOS 38411 GAINES ST. ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *RUTH SHIELDS* *TRUSTEES/DIRECTORS* *FEB 20/06* *(513) 783-3448*