


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90015 005 \*\*\*\*75.00

<b>DOCUMENT # N07253</b>	
1. Entity Name <b>ZEPHYR MOBILE PARK, HOME OWNERS ASSO. INC.</b>	

Principal Place of Business <b>3929 BRISTOL ST ZEPHYRHILLS FL 33542-6238 US</b>	Mailing Address <b>3929 BRISTOL ST ZEPHYRHILLS FL 33542-6238 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent <b>HEATH, EVELYN 3933 FIELDING ST 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>	DATE _____
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</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: PD NAME: BOOTH, JOHN STREET ADDRESS: 3950 BRISTOL ST CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input type="checkbox"/> Delete		TITLE: D COTE MAURICE NAME: MAURICE STREET ADDRESS: 3929 BRISTOL ST CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: SHIELDS, RUTH STREET ADDRESS: 38400 GAINES ST CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input checked="" type="checkbox"/> Delete		TITLE: VD NAME: BERGERT JACK STREET ADDRESS: 3922 BRISTOL ST CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: RA NAME: HEATH, EVELYN STREET ADDRESS: 3933 FIELDING STREET CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input type="checkbox"/> Delete		TITLE: SD NAME: THORNBERG-MARTLYN STREET ADDRESS: 3948 BRISTOL ST CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: SD NAME: BORTON, GINGER STREET ADDRESS: 3934 BRISTOL ST CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: BORTON, MARTIN REV STREET ADDRESS: 3934 BRISTOL ST CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: COTE, JANET STREET ADDRESS: 3929 BRISTOL ST CITY-ST-ZIP: ZEPHYRHILLS FL 33542 <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input 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:** JANET COTE *Janet Cote* March 21/08 813-780-7944