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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07560

1. Corporation Name

HILLSIDE MOBILE HOME OWNER'S, INC.

Principal Place of Business

LOUIS BARDI
39614 PAPAYA AVE
ZEPHYRHILLS FL 33540
US

Mailing Address

LOUIS BARDI
39614 PAPAYA AVE
ZEPHYRHILLS FL 33540
US



2. Principal Place of Business

21 **Patrick A. Paone**
Suite, Apt. #, etc.
22 **39625 Papaya Ave.**
City & State
23 **Zephyrhills Fl.**
Zip Country
24 **33540** 25 **USA**
26 **Pasco Co.**

2a. Mailing Address

26 **Patrick A. Paone**
Suite, Apt. #, etc.
27 **39625 Papaya Ave.**
City & State
28 **Zephyrhills, Fl.**
Zip Country
29 **33540** 30 **USA**
31 **Pasco Co.**

3. Date Incorporated or Qualified

01/30/1985

4. FEI Number
59-2828202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOUIS BARDI
39602 CALAMANDA AVE
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name **Patrick A. Paone**
82 Street Address (P.O. Box Number is Not Acceptable)
39625 Papaya Ave.
83 **Zephyrhills**
84 City **FL** 85 Zip Code **33540**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Patrick A. Paone

1 MAR 99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEATRICE, HILL	
STREET ADDRESS	39539 ROSEBUSH LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER ANNE	
STREET ADDRESS	39624 CALAMANDA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGERLAND LOUISE	
STREET ADDRESS	39713 PERSIMMON AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARDI LOUIS V	
STREET ADDRESS	39614 PAPAYA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NELSON, DONNA	
STREET ADDRESS	39555 CALAMANDA AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOOLITTLE, LARRY	
STREET ADDRESS	39614 CALAMANDA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1. Ruby Gasner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	39522 Rosebush Ln.	
1.3 STREET ADDRESS	Zephyrhills, Fl. 33540	
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patrick A. Paone	
2.3 STREET ADDRESS	39625 Papaya Ave	
2.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540	
3.1 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Slingerland, Louise	
3.3 STREET ADDRESS	39713 Persimmon Ave.	
3.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540	
4.1 TITLE	VD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ken Colif	
4.3 STREET ADDRESS	39712 Sweet gum Ave.	
4.4 CITY-ST-ZIP	Zephyrhills, Fl 33540	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lucille Cater	
6.3 STREET ADDRESS	39534 Sweet gum	
6.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna L. Nelson
Donna L. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 1, 1999 (813) 782-7619

Date

Daytime Phone #

CR2E037 (11/98)