

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90004 039 *****61.25

DOCUMENT # N07560

1. Entity Name

HILLSIDE MOBILE HOME OWNER'S, INC.



Principal Place of Business

LOUISE K SLINGERLAND
39713 PERSIMMON AVE
ZEPHYRHILLS FL 33540
US

Mailing Address

LOUISE K SLINGERLAND
39713 PERSIMMON AVE
ZEPHYRHILLS FL 33540
US

34010000



MOORE CR2E037 (11/03)

2. Principal Place of Business

39602 CALAMANDA AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ZEPHYRHILLS

City & State

FL

4. FEI Number

59-2828202

Applied For

Not Applicable

Zip
33542

Country
PASCO

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEBEL, LUCETTE
39602 CALAMANDA AVE.
ZEPHYRHILLS FL 33542

7. Name and Address of New Registered Agent

Name

SAME AS 6

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

City

FL

Zip Code

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

L. Lebel

Treasurer

Mar 1/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 ☐ Delete
NAME DUNHAM
STREET ADDRESS DUNKAM, RICHARD
CITY-ST-ZIP 39624 SWEETGUM AVE.
ZEPHYRHILLS FL 33542

TITLE ☐ Delete
NAME VD
STREET ADDRESS HALL, RUPERT
CITY-ST-ZIP 39608 SWEET GUM AVE
ZEPHYRHILLS FL 33540 33542

TITLE ☐ Delete
NAME T
STREET ADDRESS LEBEL, LUCETTE
CITY-ST-ZIP 39602 CDALANADA AVE.
ZEPHYRHILLS FL 33542

TITLE ☐ Delete
NAME PD
STREET ADDRESS COLF, KEN
CITY-ST-ZIP 39712 SWEETGUM AVE
ZEPHYRHILLS FL 33540 33542

TITLE ☒ Delete
NAME S
STREET ADDRESS BEAN, BEVERLY
CITY-ST-ZIP 39657 PER SIMMON AVE
ZEPHYRHILLS FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS JAMES, ROBERT
CITY-ST-ZIP 6601 MULBERRY ST.
ZEPHYRHILLS FL 33540 33542

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS DAVE HUBBELL
CITY-ST-ZIP 39713 PAPAYA AVE
ZEPHYRHILLS FL 33542

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS GLEN PEELMAN
CITY-ST-ZIP 39618 SWEETGUM AVE
ZEPHYRHILLS FL 33542

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS GARY CATHERS
CITY-ST-ZIP 39542 BAMBOO LN
ZEPHYRHILLS FL 33542

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CHARLES HADEN
CITY-ST-ZIP 39628 SWEETGUM AVE
ZEPHYRHILLS FL 33542

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

L. Lebel

Mar 1/04

813-783-9389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #