

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90155 048 \*\*\*\*61.25

<b>DOCUMENT # N07560</b> 1. Entity Name <b>HILLSIDE MOBILE HOME OWNER'S, INC.</b>					
Principal Place of Business <b>LUCETTE LEBEL</b> <b>39602 CALAMANDA AVE.</b> <b>ZEPHYRHILLS, FL 33542 US</b>			Mailing Address <b>LUCETTE LEBEL</b> <b>39602 CALAMANDA AVE.</b> <b>ZEPHYRHILLS, FL 33542 US</b>		
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 <b>59-2828202</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEBEL, LUCETTE</b> <b>39602 CALAMANDA AVE.</b> <b>ZEPHYRHILLS, FL 33542</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>L. Lebel</i></u> <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete		TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNHAM, RICHARD		NAME	PUPERT HALL	
STREET ADDRESS	39624 SWEETGUM AVE.		STREET ADDRESS	39608 SWEETGUM AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	VD <input type="checkbox"/> Delete		TITLE	1ST VICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, RUPERT		NAME	CHARLES HADEN	
STREET ADDRESS	39608 SWEET GUM AVE		STREET ADDRESS	29628 SWEET GUM AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	T <input type="checkbox"/> Delete		TITLE	2ND VICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEBEL, LUCETTE		NAME	GARY CATHERS	
STREET ADDRESS	39602 CALAMANDA AVE.		STREET ADDRESS	39542 BAMBOO LN	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	PD <input type="checkbox"/> Delete		TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLF, KEN		NAME	DAVID HUBBELL	
STREET ADDRESS	39712 SWEETGUM AVE		STREET ADDRESS	39713 PAPAYA AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	VD <input type="checkbox"/> Delete		TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, ROBERT		NAME	LUCETTE LEBEL	
STREET ADDRESS	6601 MULBERRY ST.		STREET ADDRESS	39602 CALAMANDA AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>L. Lebel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u><i>Feb 24/05</i></u> 813 Daytime Phone: <u><i>779-9784</i></u>		

J0019216



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