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

DOCUMENT # N07560

1. Entity Name

HILLSIDE MOBILE HOME OWNER'S, INC.

FILED
08 MAR 24 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| HUGH WILKES<br>39618 CALAMANDA AVE.<br>ZEPHYRHILLS FL 33542<br>US | HUGH WILKES<br>39618 CALAMANDA AVE.<br>ZEPHYRHILLS FL 33542<br>US |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 39628 Sweetgum Ave. | 39628 Sweetgum Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Zephyrhills FL | City & State: Zephyrhills FL. |
| Zip: 33542 Country: Pasco | Zip: 33542 Country: Pasco |

4. FEI Number: 59-2828202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LEBEL, LUCETTE<br>39602 CALAMANDA AVE.<br>ZEPHYRHILLS FL 33542 | Name: Charles Haden<br>Street Address (P.O. Box Number is Not Acceptable): 39628 Sweetgum Ave<br>City: Zephyrhills FL Zip Code: 33542 |

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: Charles Haden President 200121515342 03/28/08--01015--011 **61.25

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, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~2VD~~ PD<br>HAYDEN, CHARLES<br>39628 SWEET GUM AVE<br>ZEPHYRHILLS FL 33542 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1 VP<br>Glen Peelman<br>39618 Sweetgum Ave<br>Zephyrhills FL. 33542 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HALL, RUPERT<br>39608 SWEET GUM AVE<br>ZEPHYRHILLS FL 33542 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2 VP<br>Linda Raper<br>39712 Calamanda Ave<br>Zephyrhills FL. 33542 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LEBEL, LUACETTE<br>39602 CALAMANDA AVE<br>ZEPHYRHILLS FL 33542 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Larry Dolsa<br>39647 Sweetgum Ave<br>Zephyrhills FL. 33542 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VD<br>CATHERS, GARY<br>39542 BAMBOO LANE<br>ZEPHYRHILLS FL 33542 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Richard Dunham<br>39624 Sweetgum Ave<br>Zephyrhills FL 33542 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>COTTER, PEG<br>39707 SWEET GUM AVE<br>ZEPHYRHILLS FL 33542 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Alan Rector<br>39700 Papaya Ave<br>Zephyrhills FL. 33542 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HOWARD, ARMISON<br>39551 CALAMANDA AVE<br>ZEPHYRHILLS FL 33542 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Hugh Wilkes<br>39618 Calamanda<br>Zephyrhills FL. 33542 | ☑ Change ☐ 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.

KS

SIGNATURE: Charles Haden 3/12/08 813 780 2789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #