

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90044 001 \*\*\*\*61.25  
01-29-2004 90044 002 \*\*\*\*\*8.75

**DOCUMENT # N07873**

1. Entity Name  
**MINERVA PARK MOBILE HOME OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**2800 HIGHWAY 17-92 W  
HAINES CITY, FL 33844 US**

Mailing Address  
**682 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701 US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



01162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2516660**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BISHOP, JAMES  
2800 HWY 17-92 W  
LOT #32  
HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent  
Name **LEE JAY COLLING**  
Street Address (P.O. Box Number is Not Acceptable)  
**682 MAITLAND AVE**  
City **ALTAMONTE SPRINGS FL** Zip Code **32701**

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 *Lee Jay Colling* **LEE JAY COLLING** **1-23-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10...	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, DAVE. 2800 HWY 17/92 W #79 HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNITTLE, CAREY 2800 HWY 17-92 W LOT 78 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN ROBINSON 2800 HWY 17/92 W LOT 82 HAINES CITY FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAHR, PATRICIA 2800 HWY 17-92 W #56 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC MARJORIE KNITTLE 2800 HWY 17/92 W LOT 78 HAINES CITY FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELSIE CRAWFORD 2800 HWY 17-92 W, #45 HAINES CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RYAN, MARVIN 2800 SHY 17/92 W #22 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAREY KNITTLE 2800 HWY 17/92 W LOT 78 HAINES CITY FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Lee Jay Colling* **LEE JAY COLLING** **1/17/04**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #