


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90078 007 \*\*\*\*61.25

<b>DOCUMENT # N07873</b> 1. Entity Name <b>MINERVA PARK MOBILE HOME OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2800 HIGHWAY 17-92 W HAINES CITY, FL 33844 US</b>			Mailing Address <b>682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701 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>59-2516660</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>COLLING, LEE JAY 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DAVE		NAME	Carey G. Knittle	
STREET ADDRESS	2800 HWY 17/92 W #79		STREET ADDRESS	2800 Hwy. 17/92W #78	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, FL. 33844	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DEAN		NAME	Dean Robison	
STREET ADDRESS	2800 HWY 17/92 W LOT 82		STREET ADDRESS	2800 Hwy 17/92W 82	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City Fla. 33844	
TITLE	SC	<input checked="" type="checkbox"/> Delete	TITLE	S/D	Change <input checked="" type="checkbox"/> Addition
NAME	KNITTLE, MARJORIE		NAME	Betty Patterson	
STREET ADDRESS	2800 HWY 17/92 W LOT 78		STREET ADDRESS	2800 Hwy. 17/92W #79	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, Fla. 33844	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSIE CRAWFORD		NAME	Elsie Crawford	
STREET ADDRESS	2800 HWY 17-92 W., #45		STREET ADDRESS	2800 Hwy. 17/92W #45	
CITY-ST-ZIP	HAINES CITY, FL		CITY-ST-ZIP	Haines City Fla. 33844	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNITTLE, CAREY		NAME	Mr. Francis Gray	
STREET ADDRESS	2800 HWY 17/92 W LOT 78		STREET ADDRESS	2800 Hwy. 17/92W #6	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, Fla. 33844	
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.					
<b>SIGNATURE: Carey G. Knittle</b> <i>Carey G. Knittle</i> <b>8-9-05</b> <b>419-647-6555</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50061494**



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