

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90044 035 \*\*\*\*61.25

60013490



01192006 Chg-NP CR2E037 (11/05)

<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</b> <b>HAINES CITY, FL 33844 US</b>			Mailing Address <b>682 MAITLAND AVENUE</b> <b>ALTAMONTE SPRINGS, FL 32701 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2516660</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>COLLING, LEE JAY</b> <b>682 MAITLAND AVE</b> <b>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</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNITTLE, CAREY G 2800 HWY 17/92W, # 78 HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DEAN Robison 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	VD ROBINSON, DEAN 2800 HWY 17/92 W LOT 82 HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FRANK GRAY 2800 Hwy 17-92 W. Lot 6 HAINES City FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTERSON, BETTY 2800 HWY 17/92W, # 79 HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BETTY PATTERSON 2800 Hwy 17-92 W Lot 79 HAINES City FL 33844	<input 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	T/D ELSIE CRAWFORD 2800 Hwy 17-92 W Lot 45 HAINES City FL 33844	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNITTLE, CAREY 2800 HWY 17/92 W LOT 78 HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLAN CALDWELL 2800 Hwy 17-92 W. Lot 43 HAINES City 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, FRANCIS 2800 HWY 17/92W, # 6 HAINES CITY, FL 33844	<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 exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>Dean D Robison</u> <span style="float: right;">Jan 25/06 863-421-8048</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					