

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90001 029 \*\*\*\*61.25

**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**

40035440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2516660**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**COLLING, LEE JAY  
682 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701**

Name **Lee Jay Colling**  
Street Address (P.O. Box Number is Not Acceptable)  
**529 Versailles Drive, S/103**  
City **Maitland** FL Zip Code **32751**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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          | PD                      | <input type="checkbox"/> Delete            |
| NAME           | ROBISON, DEAN           |  |
| STREET ADDRESS | 2800 HWY 17-92 W LOT 82 |  |
| CITY-ST-ZIP    | HAINES CITY, FL 33844   |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | GRAY, FRANK             |  |
| STREET ADDRESS | 2800 HWY 17-92 W LOT 6  |  |
| CITY-ST-ZIP    | HAINES CITY, FL 33844   |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | PATTERSON, BETTY        |  |
| STREET ADDRESS | 2800 HWY 17/92W, # 79   |  |
| CITY-ST-ZIP    | HAINES CITY, FL 33844   |  |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | ELSIE CRAWFORD          |  |
| STREET ADDRESS | 2800 HWY 17-92 W., #45  |  |
| CITY-ST-ZIP    | HAINES CITY, FL         |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | CALDWELL, HARLAN        |  |
| STREET ADDRESS | 2800 HWY 17-92 W LOT 43 |  |
| CITY-ST-ZIP    | HAINES CITY, FL 33844   |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | GRAY, FRANCIS           |  |
| STREET ADDRESS | 2800 HWY 17/92W, # 6    |  |
| CITY-ST-ZIP    | HAINES CITY, FL 33844   |  |

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          | VD                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARVIN RYAN                        |  |
| STREET ADDRESS | LOT 22<br>2800 U.S. Highway 17-92W |  |
| CITY-ST-ZIP    | HAINES CITY, FL 33844              |  |
| TITLE          | SD                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARJORIE SHPONTA                   |  |
| STREET ADDRESS | LOT 60<br>2800 U.S. Highway 17-92W |  |
| CITY-ST-ZIP    | HAINES CITY, FL 33844              |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          | D                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CHARLIE KENTLE                     |  |
| STREET ADDRESS | LOT 78<br>2800 U.S. Highway 17-92W |  |
| CITY-ST-ZIP    | HAINES CITY, FL 33844              |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

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.

SIGNATURE

*Dean Robison*

3/19/07