

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90023 036 ****61.25

DOCUMENT # N08457

1. Entity Name

THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

210 NE 51ST
POMPANO BEACH FL 33064
US

Mailing Address

210 NE 51ST
POMPANO BCH FL 33064
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

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

KOLB, CAROL P.
210 NE 51ST
POMPANO BCH FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: 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 **P** ☐ Delete
NAME **EBY, DOUG**
STREET ADDRESS **5019 NE 1ST TER**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **ROOT, Cecille**
STREET ADDRESS **5020 N.E. 1ST TER**
CITY-ST-ZIP **Pompano Beach, FL. 33064**

TITLE **VP** ☐ Delete
NAME **ROBERTSON, RICHARD**
STREET ADDRESS **5010 NE 1ST TER**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **Mullen, Phyllis**
STREET ADDRESS **4913 NE 1ST TERR.**
CITY-ST-ZIP **Pompano Beach, FL. 33064**

TITLE **D** ☐ Delete
NAME **GENEVIEVE, ELIA**
STREET ADDRESS **5120 NE 2ND WAY**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE **D** ☐ Change ☒ Addition
NAME **SCARPELLINO, Tom**
STREET ADDRESS **5011 NE 2nd Ter.**
CITY-ST-ZIP **Pompano Beach, FL. 33064**

TITLE **D** ☐ Delete
NAME **LOSQUARDO, ANN**
STREET ADDRESS **5109 1TH TERRACE**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **SNYDER, GEORGE**
STREET ADDRESS **4901 NE 2nd way**
CITY-ST-ZIP **Pompano Beach, FL. 33064**

TITLE **D** ☒ Delete
NAME **MASSAROTTI, VINCENT**
STREET ADDRESS **4901 NE 2ND TERR**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **VAN HOUTEN, CHRISTA**
STREET ADDRESS **4910 NE 2nd TER.**
CITY-ST-ZIP **POMPANO BEACH, FL. 33064**

TITLE **D** ☒ Delete
NAME **GROVE, LUCILLE**
STREET ADDRESS **202 NE 51ST ST.**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **PETERSON, Bill**
STREET ADDRESS **4902 NE 2nd WAY**
CITY-ST-ZIP **POMPANO BEACH, FL.**

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: Carol P. Kolb (CAROL P. KOLB) Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04
Date

954-481-5926
Daytime Phone #