

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90319 036 \*\*\*\*\*61.25

<b>DOCUMENT # N08457</b>			
1. Entity Name <b>THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>210 NE 51ST POMPANO BEACH FL 33064 US</b>		Mailing Address <b>210 NE 51ST POMPANO BCH FL 33064 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>KOLB, CAROL P. 210 NE 51ST POMPANO BCH FL 33064</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 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>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBY, DOUG		NAME	MULLEN, PHYLLIS	
STREET ADDRESS	5019 NE 1ST TER		STREET ADDRESS	4913 1ST TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, RICHARD		NAME	Root, Decille	
STREET ADDRESS	5010 NE 1ST TER		STREET ADDRESS	5020 1ST TERRACE	
CITY-ST-ZIP	POMPANO BCH FL 33064		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENEVIEVE, ELIA		NAME	Huff, GEORGE	
STREET ADDRESS	5120 NE 2ND WAY		STREET ADDRESS	5101 NE 1ST TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33067		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOSQUARDO, ANN		NAME	ZANONE, VIVIAN	
STREET ADDRESS	5109 1TH TERRACE		STREET ADDRESS	208 NE 49th St.	
CITY-ST-ZIP	POMPANO BCH FL 33064		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOUTEN, CHRISTA		NAME		
STREET ADDRESS	4910 NE 2ND TER.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, BILL		NAME		
STREET ADDRESS	4902 NE 2ND WAY		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		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.

**SIGNATURE:** Carol P. Kolb (Carol P. Kolb)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05 954 481-5926  
Date Daytime Phone #