


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90314 009 \*\*\*\*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>
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2. Principal Place of Business <b>215 NE 52ND ST</b>	3. Mailing Address <b>215 NE 52ND ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33064</b>	Country <b>BROWARD</b>
Zip <b>33064</b>	Country <b>BROWARD</b>

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 <b>CAROL A. FORBES</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 NE 52ND ST</b> City <b>Pompano Beach</b> FL Zip Code <b>33064</b>	

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 **CAROL A FORBES Sec/Treas**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

<b>FILE NOW: 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</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EBY, DOUG</b> <b>5019 NE 1ST TER</b> <b>POMPANO BEACH FL 33064</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBERTSON, RICHARD</b> <b>5010 NE 1ST TER</b> <b>POMPANO BCH FL 33064</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MULLEN, PHYLLIS</b> <b>4913 1ST TERRACE</b> <b>POMPANO BEACH FL 33064</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROOT, CECEILLE</b> <b>5020 1ST TERRACE</b> <b>POMPANO BEACH FL 33064</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN HOUTEN, CHRISTA</b> <b>4910 NE 2ND TER.</b> <b>POMPANO BEACH FL 33064</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUFF, GEORGE</b> <b>5101 NE 1ST TERRACE</b> <b>POMPANO BEACH FL 33064</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Scarpellino, Thomas</b> <b>5011 NE 2ND TERRACE</b> <b>Pompano Beach, FL 33064</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALL, GERALD</b> <b>5010 NE 2ND WAY</b> <b>Pompano Beach, FL 33064</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PURCELL, BARBARA</b> <b>206 NE 50th ST</b> <b>Pompano Beach, FL 33064</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'LEARY, DEE</b> <b>109 NE 52nd ST</b> <b>Pompano Beach, FL 33064</b>	<input checked="" 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 Section 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: **DOUG EBY (Pres)** 22 APRIL 2006 954 428-2330