

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-21-2007 90025 026 *****61.00

DOCUMENT # N08457	
1. Entity Name	
THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC.	



FILED

07 FEB 23 PM 3:25



1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address
215 NE 52ND ST POMPANO BEACH FL 33064 US	215 NE 52ND ST POMPANO BEACH FL 33064 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
NO-T APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORBES, CAROL A 215 NE 52ND ST 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 Carol A Forbes - CAROL A Forbes - SECRETARY-TREASURER 2/12/07
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, 2007	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	
NAME	EBY, DOUG	NAME	
STREET ADDRESS	5019 NE 1ST TER	STREET ADDRESS	
CITY- ST- ZIP	POMPANO BEACH FL 33064	CITY- ST- ZIP	
TITLE	VP	TITLE	
NAME	SCARPELLINO, THOMAS	NAME	
STREET ADDRESS	5011 NE 2ND TERRACE	STREET ADDRESS	
CITY- ST- ZIP	POMPANO BEACH FL 33064	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	BALL, GERALD	NAME	
STREET ADDRESS	5010 NE 2ND WAY	STREET ADDRESS	
CITY- ST- ZIP	POMPANO BEACH FL 33064	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	PURCELL, BARBARA	NAME	
STREET ADDRESS	206 NE 50TH ST	STREET ADDRESS	
CITY- ST- ZIP	POMPANO BEACH FL 33064	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	O'LEARY, DEE	NAME	
STREET ADDRESS	109 NE 52ND ST	STREET ADDRESS	
CITY- ST- ZIP	POMPANO BEACH FL 33064	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	HUFF, GEORGE	NAME	
STREET ADDRESS	5101 NE 1ST TERRACE	STREET ADDRESS	
CITY- ST- ZIP	POMPANO BEACH FL 33064	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	HUNTER, Corbette	NAME	
STREET ADDRESS	4904 NE 2ND TER	STREET ADDRESS	
CITY- ST- ZIP	Pompno Beach FL 33064	CITY- ST- ZIP	

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: Carol A Forbes - CAROL A Forbes S./T. 2/12/07 954-570-9359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #