FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12592 (4)

1. Corporation Name
TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.

Principal Place of Business	Mailing Address
HOLIDAY MOBILE PARK 3-B HOLIDAY PLACE TAVARES FL 32778-9066	HOLIDAY MOBILE PARK 3-B HOLIDAY PLACE TAVARES FL 32778-9066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1985
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2607944 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEBER, CARLYLE H.
3-B HOLIDAY PLACE
TAVARES FL 32778-9066

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Carl Holden Treas. 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	HOLDEN, NORMAN	12 NAME	Jim Wright	
STREET ADDRESS	16-B DOUGLAS DR	13 STREET ADDRESS	16 C Douglas	
CITY-ST-ZIP	TAVARES FL	14 CITY-ST-ZIP	Tavares, Florida	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WILHELM, ROBERT	22 NAME		
STREET ADDRESS	36-A DALE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	CATRON, THOMAS	32 NAME		
STREET ADDRESS	21-B DOUGLAS DR.	33 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	BESTWICK, JACK	42 NAME	Silas Day	
STREET ADDRESS	10-C DOUGLAS DRIVE	43 STREET ADDRESS	29 A Janice	
CITY-ST-ZIP	TAVARES FL	44 CITY-ST-ZIP	Tavares, Fla.	
TITLE	STD	51 TITLE		☐ Change ☐ Addition
NAME	PRATT, COYT	52 NAME		
STREET ADDRESS	21-B HOLIDAY PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	PRICE, STEWART	62 NAME	Marion Reed	
STREET ADDRESS	30-C JANICE AVENUE	63 STREET ADDRESS	57 Joy	
CITY-ST-ZIP	TAVARES FL	64 CITY-ST-ZIP	Tavares, Fla.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl Holden Treas. 4/18/95 343-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1R07