

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12592 (4)
1. Corporation Name
TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.



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

Mailing Address
HOLIDAY MOBILE PARK
3-B HOLIDAY PLACE
TAVARES FL 32778-9066

3. Date Incorporated or Qualified 12/17/1985
3a. Date of Last Report 04/24/1995

2. Principal Place of Business
21 16-C DOUGLAS DR.
Suite, Apt. #, etc.
22
City & State TAVARES, FL.
23
Zip 32778 Country USA
24
2a. Mailing Address
26 16-C DOUGLAS DR.
Suite, Apt. #, etc.
27
City & State TAVARES, FL
28
Zip 32778 Country USA
29 30

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name WRIGHT, JIM
82 Street Address (P.O. Box Number is Not Acceptable) 16-C DOUGLAS DR.
83
84 City TAVARES FL 85 Zip Code 32778

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *James A. Wright* JAMES A. WRIGHT PRES. 4/8/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED |
|-------|-----------------|--------------------|-----------------|-------------------------------------|
| D | WRIGHT, JIM | 16 C DOUGLAS | TAVARES FL | <input type="checkbox"/> |
| D | WILHELM, ROBERT | 36-A DALE DR. | TAVARES FL | <input checked="" type="checkbox"/> |
| VD | CATRON, THOMAS | 21-B DOUGLAS DR. | TAVARES FL | <input checked="" type="checkbox"/> |
| PD | DAY, SILAS | 29 A JANICE | TAVARES FL | <input type="checkbox"/> |
| STD | PRATT, COYT | 21-B HOLIDAY PLACE | TAVARES FL | <input type="checkbox"/> |
| D | REED, MARION | 57 JOY | TAVARES FL | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|-----------------|--------------------|---------------------|-------------------------------------|--------------------------|
| PD | WRIGHT, JIM | 16-C DOUGLAS DR. | TAVARES, FL 32778 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VID | MOE, MARIAN | 32-B JANICE AVE | TAVARES, FL 32778 | <input type="checkbox"/> | <input type="checkbox"/> |
| D | MUDDETT, HOWARD | 37-A DALE DR. | TAVARES, FL 32778 | <input type="checkbox"/> | <input type="checkbox"/> |
| VID | DAY, SILAS | 29-A JANICE AVE | TAVARES, FL 32778 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | PRATT, COYT | 21-B HOLIDAY PLACE | TAVARES, FL 32778 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| S/D | REED, MARION | 57 JOY LANE | TAVARES, FL 32778 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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: *Marion Reed* MARION REED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-8-96 Daytime Phone #: 352-343-7052

CR2E037 (12/95)