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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12592** (4)
1. Corporation Name
TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.



Principal Place of Business 16-C DOUGLAS DR 3-B HOLIDAY-PLACE TAVARES FL 32778 US		Mailing Address 16-C DOUGLAS DR 3-B HOLIDAY-PLACE TAVARES FL 32778-5236 US		3. Date Incorporated or Qualified 12/17/1985	3a. Date of Last Report 04/11/1996
2. Principal Place of Business 21 16-C Douglas Dr. Suite, Apt. #, etc. 22	2a. Mailing Address 26 16-C Douglas Dr. Suite, Apt. #, etc. 27	4. FEI Number 59-2607944		Applied For Not Applicable	
City & State 23 Tavares FL	City & State 28 Tavares FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 32778-5236	Country 25 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent WRIGHT, JIM 16-C DOUGLAS DR TAVARES FL 32778		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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	

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 _____ (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	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JIM	1.2 NAME	Wright, Jim
STREET ADDRESS	16 C DOUGLAS	1.3 STREET ADDRESS	16-C Douglas Dr.
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	Tavares, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOE, MARIAN	2.2 NAME	Moe, Marian
STREET ADDRESS	32-B JANICE AV	2.3 STREET ADDRESS	32-B Janice Av.
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	Tavares, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDGETT, HOWARD	3.2 NAME	
STREET ADDRESS	37-A DALE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, SILAS	4.2 NAME	Day, Silas
STREET ADDRESS	29 A JANICE	4.3 STREET ADDRESS	29-A Janice Av.
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	Tavares, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, COYT	5.2 NAME	Pratt, Coyt
STREET ADDRESS	21-B HOLIDAY PLACE	5.3 STREET ADDRESS	21-B Holiday Place
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	Tavares, FL
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARION	6.2 NAME	
STREET ADDRESS	57 JOY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	

14. I do 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 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* 3-31-97 352-343-7052

CR2E037 (9/96)