


FILE NOW: FILING FEE IS \$61.25

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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 TAVARES FL 32778 US		Mailing Address 16-C DOUGLAS DR TAVARES FL 32778 US		3. Date Incorporated or Qualified 12/17/1985	
				4. FEI Number 59-2607944	
				Applied For Not Applicable	
2. Principal Place of Business 21 57 Joy Lane Suite, Apt. #, etc. TAVARES, FL City & State 32778 Zip Country U.S.		2a. Mailing Address 26 57 Joy Lane Suite, Apt. #, etc. TAVARES, FL City & State 32778 Zip Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WRIGHT, JIM 16-C DOUGLAS DR TAVARES FL 32778				10. Name and Address of New Registered Agent 81 Name Reed, Marion M. 82 Street Address (P.O. Box Number is Not Acceptable) 57 Joy Lane 83 84 City TAVARES FL 85 Zip Code 32778			
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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 Marion M. Reed, Secretary/Treasurer Marion M. Reed Mar. 9, 1998
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WRIGHT, JIM		1.2 NAME	Robison, Basil			
STREET ADDRESS	16 C DOUGLAS		1.3 STREET ADDRESS	30-A Janice AVE.			
CITY-ST-ZIP	TAVARES FL		1.4 CITY-ST-ZIP	TAVARES, FL 32778			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOE, MARIAN		2.2 NAME				
STREET ADDRESS	32-B JANICE AV		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP				
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	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAY, SILAS		4.2 NAME	GRAVES, OTIS			
STREET ADDRESS	29 A JANICE		4.3 STREET ADDRESS	3-D HOLIDAY PLACE			
CITY-ST-ZIP	TAVARES FL		4.4 CITY-ST-ZIP	TAVARES, FL 32778			
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	P/D	<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 32778			
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 M. Reed Marion M. Reed 3-9-98 352-343-7052

CR2E037 (10/97)