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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12592

1. Corporation Name

TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.

Principal Place of Business

57 JOY LANE
TAVARES FL 32778
US

Mailing Address

57 JOY LANE
TAVARES FL 32778
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/17/1985

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

9. Name and Address of Current Registered Agent

REED, MARION M.
57 JOY LANE
TAVARES FL 32778

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 MARION M. REED Sec/Treas. Marion M. Reed Mar. 10, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME VD
STREET ADDRESS ROBISON, BASIL
CITY-ST-ZIP 30-A JANICE AVE
TAVARES FL 32778

TITLE ☒ DELETE
NAME D
STREET ADDRESS MOE, MARIAN
CITY-ST-ZIP 32-B JANICE AV
TAVARES FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS MUDGETT, HOWARD
CITY-ST-ZIP 37-A DALE DR
TAVARES FL

TITLE ☒ DELETE
NAME VD
STREET ADDRESS GRAVES, OTIS
CITY-ST-ZIP 3-D HOLIDAY PLACE
TAVARES FL 32778

TITLE ☐ DELETE
NAME PD
STREET ADDRESS PRATT, COYT
CITY-ST-ZIP 21-B HOLIDAY PLACE
TAVARES FL

TITLE ☐ DELETE
NAME STD
STREET ADDRESS REED, MARION
CITY-ST-ZIP 57 JOY
TAVARES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME PD
1.3 STREET ADDRESS YOUNG, RICK
1.4 CITY-ST-ZIP 27-B JANICE AVE
TAVARES, FL 32778

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD
2.3 STREET ADDRESS DAY, SILAS
2.4 CITY-ST-ZIP 89-B JANICE AVE
TAVARES, FL 32778

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS HENDERSON, PHIL
3.4 CITY-ST-ZIP 17-B DOUGLAS DR.
TAVARES, FL 32778

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS JUNTUNEN, CAROL
4.4 CITY-ST-ZIP 26-B JANICE AVE
TAVARES, FL 32778

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS PRATT, COYT
5.4 CITY-ST-ZIP 21-B HOLIDAY
TAVARES, FL 32778

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS PETERSON, JEAN
6.4 CITY-ST-ZIP 22-C DOUGLAS DR
TAVARES, FL 32778

14. I 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, with all other like empowered.

SIGNATURE: MARION M. REED SIGNATURE REQUIRED Marion M. Reed 3-10-99 352-343-7052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)