

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90031 032 ****61.25

DOCUMENT # N12592
1. Entity Name
TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.



Principal Place of Business . Mailing Address
17A DOUGLAS TAVARES FL 32778 US **17B DOUGLAS TAVARES FL 32778 US**

2. Principal Place of Business **17B Douglas** Suite, Apt. #, etc. **0**
3. Mailing Address Suite, Apt. #, etc.

City & State **Tavares FL** City & State **FL**
Zip **32778** Country **US** Zip **32778** Country **US**


MOORE CR2E037 (11/03)
4. FEI Number **59-2607944** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HENDERSON, ANN
17 B DOUGLAS
TAVARES FL 32778**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Ann Henderson Ann Henderson 2/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE VD <input type="checkbox"/> Delete	NAME PETERSON, JEAN STREET ADDRESS 22-C DOUGLAS DR. CITY-ST-ZIP TAVARES FL 32778
TITLE T <input type="checkbox"/> Delete	NAME HENDERSON, ANN STREET ADDRESS 17B DOUGLAS CITY-ST-ZIP TAVARES FL 32778
TITLE PD <input type="checkbox"/> Delete	NAME PULLEN, DON STREET ADDRESS 35- C DALE DRIVE CITY-ST-ZIP TAVARES FL 32778
TITLE SD <input type="checkbox"/> Delete	NAME GIBSON, MILDRED STREET ADDRESS 22-D DOUGLAS DRIVE CITY-ST-ZIP TAVARES FL 32778
TITLE VD <input type="checkbox"/> Delete	NAME SMITH, JOE STREET ADDRESS 30-B JANICE AVENUE CITY-ST-ZIP TAVARES FL 32778
TITLE D <input type="checkbox"/> Delete	NAME GOODWIN, AL STREET ADDRESS 33-D JANICE AVENUE CITY-ST-ZIP TAVARES FL 32778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Norman Cassavore STREET ADDRESS 27A Janice CITY-ST-ZIP Tavares, FL 32778
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pres. Walt Conrad STREET ADDRESS 46A Dale Dr. CITY-ST-ZIP Tavares, FL 32778
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Sec'y. Peggy Feiereisen STREET ADDRESS 37 Dale Drive CITY-ST-ZIP Tavares FL 32778
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 2nd V.P. Frank Blazer STREET ADDRESS 20 A Douglas CITY-ST-ZIP Tavares, FL 32778
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Henderson Ann Henderson 2/14/03 352-343-4838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #