

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90298 043 \*\*\*\*61.25

**DOCUMENT # N12592**

1. Entity Name

TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.



Principal Place of Business

17B DOUGLAS  
TAVARES FL 32778  
US

Mailing Address

17B DOUGLAS  
TAVARES FL 32778  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

HENDERSON, ANN  
17 B DOUGLAS  
TAVARES FL 32778

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*

*3/7/05*

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, 2005**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	CASSAVORE, NORMAN	
STREET ADDRESS	27A JANICE	
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	P	<input type="checkbox"/> Delete
NAME	CONRAD, WALT	
STREET ADDRESS	46A DALE DR.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FEIEREISEN, PEGGY	
STREET ADDRESS	37 DALE DR.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLAZER, FRANK	
STREET ADDRESS	20A DOUGLAS	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input checked="" 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	2nd Vice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Williams	
STREET ADDRESS	14 A Douglas	
CITY-ST-ZIP	Tavares, Fl. 32778	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goodwin, Cleta	
STREET ADDRESS	33-D Janice Ave.	
CITY-ST-ZIP	Tavares, Fl. 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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*

*3/7/05*

*352-343-4838*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #