

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90286 010 ****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

1st MOORE

CR2E037 (10/05)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4/7/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE 2VP ☐ Delete
NAME WILLIAMS, HELEN
STREET ADDRESS 14 A DOUGLAS
CITY-ST-ZIP TAVARES FL 32778 *1st. Vice*

TITLE *Betty Hennessey* ☐ Change ☐ Addition
NAME *41 A Dale Drive*
STREET ADDRESS *Tavares, FL 32778*
CITY-ST-ZIP *Sec'y*

TITLE T ☐ Delete
NAME HENDERSON, ANN
STREET ADDRESS 17B DOUGLAS
CITY-ST-ZIP TAVARES FL 32778 *Treas.*

TITLE *Frank Newman* ☐ Change ☐ Addition
NAME *TT53*
STREET ADDRESS *Tavares, FL 32778*
CITY-ST-ZIP *2nd Vice*

TITLE P ☐ Delete
NAME CONRAD, WALT
STREET ADDRESS 46A DALE DR.
CITY-ST-ZIP TAVARES FL 32778

TITLE *Peggy Feiereisen* ☐ Change ☐ Addition
NAME *37 A Dale*
STREET ADDRESS *Tavares, FL 32778*
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GOODWIN, CLETA
STREET ADDRESS 33-D JANICE AVE
CITY-ST-ZIP TAVARES FL 32778

TITLE *Marion Souders* ☐ Change ☐ Addition
NAME *36 B Dale*
STREET ADDRESS *Tavares, FL 32778*
CITY-ST-ZIP

TITLE 1VP ☒ Delete
NAME BLAZER, FRANK
STREET ADDRESS 20A DOUGLAS
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Lorraine Wright* ☐ Delete
NAME *3C Holiday*
STREET ADDRESS *Tavares, FL 32778*
CITY-ST-ZIP *President*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

Date

352-343-4838

Daytime Phone #