

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90064 003 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2607944	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u>Ann Henderson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/23/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	Secy HENNESSY, BETTY 41 DALE DR TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Helen Williams - Pres. 14 A Douglas, Tavares, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP NEWMAN, FRANK TT53 TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Ann Henderson 17 B, Douglas, Tavares FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEIEREISEN, PEGGY 37 A DALE TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank McGlothlin 59 Joy Lane Tavares, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUDERS, MARION 36 B DALE TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cleta Goodwin 330 Janice Tavares, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BLAZER, FRANK 20A DOUGLAS TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ted Doming 43A Dale Dr. Tavares, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, LORAIN 3 C HOLIDAY TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walt Conrad 46 A Dale Tavares FL 32778	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Ann Henderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/23/07</u> Daytime Phone # <u>352-343-4838</u>	