

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90022 037 \*\*\*\*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

01092008 Chg-NP CR2E037 (12/06)

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 reappointing)

*3/8/08*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **S** ☐ Delete  
NAME **HENNESSY, BETTY**  
STREET ADDRESS **41 DALE DR**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **Craig Brandenburg** ☐ Change ☐ Addition  
NAME **2-VP**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **~~VP~~ Pres.** ☐ Delete  
NAME **NEWMAN, FRANK**  
STREET ADDRESS **TT53**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **Pat Ricketts** ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **WILLIAMS, HELEN**  
STREET ADDRESS **14 A**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **eleto Goodwin** ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S D.** ☐ Delete  
NAME **SOUDERS, MARKON**  
STREET ADDRESS **36 B DALE**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **Ann Henderson - Treas** ☐ Change ☐ Addition  
NAME **17B Douglas**  
STREET ADDRESS **Tavares, FL 32778**  
CITY-ST-ZIP

TITLE **D 1-VP** ☐ Delete  
NAME **DOMING, TED**  
STREET ADDRESS **43 A DALE DR**  
CITY-ST-ZIP **TAVARES, FL 32778**

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

TITLE **D** ☒ Delete  
NAME **CONRAD, WAIT**  
STREET ADDRESS **46 A DALE DR**  
CITY-ST-ZIP **TAVARES, FL 32778**

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 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:

*Ann Henderson - Treas.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/8/08*

DATE

*352/343/4838*

DAYTIME PHONE #