2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N12592

Entity Name: TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.

Current Principal Place of Business:

17B DOUGLAS
TAVARES, FL 32778 US

New Principal Place of Business:

561 EAST BURLEIGH BLVD
TAVARES, FL 32778 US

Current Mailing Address:

17B DOUGLAS
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-2607944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDERSON, ANN
17 B DOUGLAS
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: 2VP ( ) Delete
Name: BRANDENBURG, CRAIG
Address: 41 DALE DR
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: RICKETTS, PAT
Address: TT53
City-St-Zip: TAVARES, FL 32778

Title: P ( ) Delete
Name: GOODWIN, CLETA
Address: 14 A
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete
Name: SOUDERS, MARION
Address: 36 B DALE
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: DOMING, TED
Address: 43 A DALE DR
City-St-Zip: TAVARES, FL 32778

Title: T ( ) Delete
Name: HENDERSON, ANN
Address: 178 DOUGLAS
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: RICKETTS, PAT
Address: 24B JANICE
City-St-Zip: TAVARES, FL 32778

Title: DIR (X) Change ( ) Addition
Name: GOODWIN, CLETA
Address: 33D JANICE
City-St-Zip: TAVARES, FL 32778

Title: DIR (X) Change ( ) Addition
Name: HENDERSON, BILL
Address: 19A DOUGLAS DR
City-St-Zip: TAVARES, E 32778

Title: 1VP (X) Change ( ) Addition
Name: DOMING, TED
Address: 43 A DALE DR
City-St-Zip: TAVARES, FL 32778

Title: TRE (X) Change ( ) Addition
Name: HENDERSON, ANN
Address: 178 DOUGLAS
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN HENDERSON TRES 03/05/2009
Electronic Signature of Signing Officer or Director — Date