

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12592

FILED
Jan 25, 2011
Secretary of State

Entity Name: TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.

Current Principal Place of Business:

561 EAST BURLEIGH BLVD
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

19 A DOUGLAS DR
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, W. D.
19 A DOUGLAS DR
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: PRES
Name: ARIS, WILLIAM
Address: 13 C DOUGLAS DR
City-St-Zip: TAVARES, FL 32778

Title: VP
Name: SHANNON, AUDREY
Address: 10 A DOUGLAS DR
City-St-Zip: TAVARES, FL 32778

Title: 2VP
Name: HOWARD, JOHN
Address: 15 C DOUGLAS DR
City-St-Zip: TAVARES, FL 32778

Title: SEC
Name: RICKETTS, PATRICIA
Address: 24 B JANICE AVE
City-St-Zip: TAVARES, E 32778

Title: TREA
Name: HENDERSON, W. D.
Address: 19 A DOUGLAS DR
City-St-Zip: TAVARES, FL 32778

Title: DIR
Name: GOODWIN, CLETA
Address: 33 D JANICE
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: W.D. HENDERSON

TREA

01/25/2011

Electronic Signature of Signing Officer or Director

_____ Date