

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91106 038 \*\*\*\*61.25

**DOCUMENT # N12592**

1. Entity Name

**TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.**



Principal Place of Business

**1-B HOLIDAY PLACE  
TAVARES FL 32778  
US**

Mailing Address

**1-B HOLIDAY PLACE  
TAVARES FL 32778  
US**

2. Principal Place of Business

**17 B Douglas**  
Suite, Apt. #, etc.

3. Mailing Address

**17 B Douglas**  
Suite, Apt. #, etc.

City & State

**Tavares Ind**

City & State

Zip

**32778**

Country

**US**

Zip

**32778**

Country

**US**

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

**HOGAN, RICHARD  
1-B HOLIDAY PLACE  
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name

**Ann Henderson**

Street Address (P.O. Box Number is Not Acceptable)

**17 B Douglas**

City

**Tavares**

**FL**

Zip Code

**32778**

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 reinstating)

**3/13/03**  
DATE

FILE NOW: FEE IS \$61.25

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

TITLE **VD** ☐ Delete  
NAME **PETERSON, JEAN**  
STREET ADDRESS **22-C DOUGLAS DR.**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **T** ☒ Delete  
NAME **HOGAN, RICHARD**  
STREET ADDRESS **1-B HOLIDAY PLACE**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **PD** ☐ Delete  
NAME **PULLEN, DON**  
STREET ADDRESS **35- C DALE DRIVE**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **SD** ☐ Delete  
NAME **GIBSON, MILDRED**  
STREET ADDRESS **22-D DOUGLAS DRIVE**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **VD** ☐ Delete  
NAME **SMITH, JOE**  
STREET ADDRESS **30-B JANICE AVENUE**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Delete  
NAME **GOODWIN, AL**  
STREET ADDRESS **33-D JANICE AVENUE**  
CITY-ST-ZIP **TAVARES FL 32778**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME **Ann Henderson**  
STREET ADDRESS **17 B Douglas**  
CITY-ST-ZIP **TAVARES FL 32778**

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

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CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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**