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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **N41413** **(8)**

1. Corporation Name

TAVARES COVE MOBILE HOME OWNERS, INC.

Principal Place of Business	Mailing Address
% LEE JAY COLLING ESQ SUITE #700 ORLANDO FL 32801 US	% LEE JAY COLLING ESQ 20 N. ORANGE AVE., SUITE 700 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1990
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-3051635 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COLLING, LEE JAY ESQ
20 N ORANGE AVE
SUITE 700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☒ Change ☐ Addition
TITLE	TP	11 TITLE	
NAME	RENSHAW, LEE	12 NAME	
STREET ADDRESS	2352 BARCELONA E.	13 STREET ADDRESS	2199 Santa Catalina
CITY-ST-ZIP	W PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE S	☒ Change ☐ Addition
NAME	FIELDING, MARILYN	22 NAME	Robin Leitler
STREET ADDRESS	2210 SANTA CATALINA	23 STREET ADDRESS	2335 Ave Madrid Cate
CITY-ST-ZIP	W PALM BEACH FL	24 CITY-ST-ZIP	West Palm Beach FL 33415
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCGINNIS, JOHN	32 NAME	
STREET ADDRESS	6147 CALLE DEL ROSA	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE V	Irene Toyni ☒ Change ☐ Addition
NAME	RABBITO, R.J.	42 NAME	
STREET ADDRESS	2199 SANTA CATALINA	43 STREET ADDRESS	6196 Santa Catalina
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	West Palm Beach FL 33415
TITLE	DP	51 TITLE	☒ Change ☐ Addition
NAME	BENNIS, BEVERLY	52 NAME	Donna Benner
STREET ADDRESS	2376 AVE BARCELON ESTE	53 STREET ADDRESS	6205 Santa Catalin
CITY-ST-ZIP	W PALM BEACH FL	54 CITY-ST-ZIP	West Palm Beach FL 33415
TITLE	DT	61 TITLE	☐ Change ☐ Addition
NAME	HENNINGER, DAVID	62 NAME	
STREET ADDRESS	2339 ALHAMBRA	63 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lonna M. Benner 3/24/95 407-642-9307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004039