FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N42766** **(8)**

1. Corporation Name

HITCHING POST MOBILE HOME RENTERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
CHARLOTTE G. DUNLAVY HITCHING POST PARK,4 SANTA FE TRAIL NAPLES FL 33962-7979	CHARLOTTE G. DUNLAVY HITCHING POST PARK,4 SANTA FE TRAIL NAPLES FL 33962-7979

3. Date Incorporated or Qualified: **04/01/1991**

3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: **65-0463360** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDEN AND FELDEN
2590 GOLDEN GATE PKWY.
SUITE 101
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	PAUL GRETHER,		1.2 NAME	HARRY CROUSE	
STREET ADDRESS	24 CHISHOLM TRAIL		1.3 STREET ADDRESS	28 ABILENE TRAIL	
CITY-ST-ZIP	NAPLES FL 33962-7973		1.4 CITY-ST-ZIP	NAPLES, FL, 33962	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAY RECHENBERG,		2.2 NAME		
STREET ADDRESS	16 PECOS TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962-7966		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHARLOTTE G. DUNLAVY,		3.2 NAME		
STREET ADDRESS	4 SANTA FE TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962-7979		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RITA VINSON,		4.2 NAME		
STREET ADDRESS	13 CIMMARON TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962-7914		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JOSEPH ZARZYKI,		5.2 NAME	ALICIA NEWMAN	
STREET ADDRESS	2 OSAGE TRAIL		5.3 STREET ADDRESS	15 MULESHOE	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BREISCHECHER, BARBARA		6.2 NAME		
STREET ADDRESS	16 NAVAJO TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962-7939		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Charlotte G Dunlavy — 2/13/96 — 941-774-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #