FILE NOW: FILING FEE IS $61.25

FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
C/O MRS. MARIE KANASH 34 ABILENE TRL NAPLES FL 34113-7900 US	C/O MRS. MARIE KANASH 34 ABILENE TRL NAPLES FL 34113-7900 US

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

4. FEI Number: 65-0463360 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Alicia Newman	26 c/o Alicia Newman
Suite, Apt. #, etc. 22 15 Muleshoe	Suite, Apt. #, etc. 27 15 Muleshoe
City & State 23 Naples, Fl	City & State 28 Naples, Fl.
Zip 24 34113-7900 Country 25 USA	Zip 29 34113-7900 Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDON AND FELDEN
3838 TAMIAMI TRAIL NORTH
STE. 416
NAPLES FL 34103

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		☐ Change ☒ Addition
NAME	CROUSE, HARRY		1.2 NAME	Reginia Brolewicz	
STREET ADDRESS	26 ABILENE TRAIL		1.3 STREET ADDRESS	24 Osage Trail	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, Fl. 34113	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	IRWIN, BOB		2.2 NAME		
STREET ADDRESS	19 CHEROKEE TRL		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, ALICIA		3.2 NAME		
STREET ADDRESS	15 MULESHOE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~KANASH, MARIE~~		4.2 NAME		
STREET ADDRESS	~~34 ABILENE TRL.~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~NAPLES FL~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNLAVY, CHARLOTTE		5.2 NAME		
STREET ADDRESS	4 SANTA FE TRL		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RECHENBERG, RAY		6.2 NAME		
STREET ADDRESS	16 PECOS TRL		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Alicia L Newman Alicia L Newman 2/26/98 941-793-1797