2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# N42766

Entity Name: HITCHING POST MOBILE HOME RENTERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALICIA NEWMAN
15 MULESHOE
NAPLES, FL 341137900 US

New Principal Place of Business:

Current Mailing Address:

C/O ALICIA NEWMAN
15 MULESHOE
NAPLES, FL 341137900 US

New Mailing Address:

FEI Number: 65-0463360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDEM AND FELDEN
3838 TAMIAMI TRAIL NORTH
STE. 416
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

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: CHRISTIAN B. FELDEN 04/22/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MCGUIRE, MEL	
Address:	14 PECOS TRAIL	
City-St-Zip:	NAPLES, FL 34113	
Title:	S	( ) Delete
Name:	MARTIN, PATRICIA	
Address:	17 OSAGE TRAIL	
City-St-Zip:	NAPLES, FL 34113	
Title:	VP	( ) Delete
Name:	NEWMAN, ALICIA	
Address:	15 MULESHOE	
City-St-Zip:	NAPLES, FL	
Title:	D	( ) Delete
Name:	BROLEWICZ, REGINIA	
Address:	24 OSAGE TRAIL	
City-St-Zip:	NAPLES, FL 34113	
Title:	D	( ) Delete
Name:	HELGSTAD, KEN	
Address:	10 PECOS	
City-St-Zip:	NAPLES, FL 34113	
Title:	D	( ) Delete
Name:	RECHENBERG, RAY	
Address:	16 PECOS TRL	
City-St-Zip:	NAPLES, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	LAMBERT, PERCELA	
Address:	8 ARAPAHO	
City-St-Zip:	NAPLES, FL 34113	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	COLLINS, NORMA	
Address:	11 PECOS	
City-St-Zip:	NAPLES, FL 34113	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MEL MCGUIRE P 04/22/2004
Electronic Signature of Signing Officer or Director Date

DICK CROMER
NAPLES, FL 34113

JOY DAWSON
NAPLES, FL 34113

MIKE DIIOIA-DIRECTOR
5 CIMMARON
NAPLES, FL 34113

MARGE DIIOIA-DIRECTOR
5 CIMMARON
NAPLES, FL 34113

MARY HELGESTAD-DIRECTOR
10 PECOS
NAPLES, FL 34113