2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
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:

C/O NORMA COLLINS
11 PECOS TRAIL
NAPLES, FL 341137900 US

Current Mailing Address:

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

New Mailing Address:

C/O NORMA COLLINS
11 PECOS TRAIL
NAPLES, FL 341137900 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: LAMBERT, PERCELA
Address: 8 ARAPAHO
City-St-Zip: NAPLES, FL 34113

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: T ( ) Delete
Name: COLLINS, NORMA
Address: 11 PECOS
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAMBERT, PRISCILLA
Address: 10 SANTA FE TRAIL
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CROMER, RICHARD
Address: 6 CHISHOLM TRAIL
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change ( ) Addition
Name: PAPAVLO, SHIRLEY
Address: 8 ARAPAHO TRAIL
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PRISCILLA LAMBERT P 03/21/2005

Electronic Signature of Signing Officer or Director — Date