2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N42766

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O NORMA COLLINS
11 PECOS TRAIL
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:

FELDEN AND FELDEN
1100 5TH AVE. S.
STE 201
NAPLES, FL 34102 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: HOWSE, MARCIA
Address: 12 PECOS TR.
City-St-Zip: NAPLES, FL 34113

Title: S ( ) Delete
Name: MARTIN, PATRICIA
Address: 17 OSAGE TRAIL
City-St-Zip: NAPLES, FL 34113

Title: VD ( ) Delete
Name: LAMBERT, PRISCILLA
Address: 10 SANTA FE TR.
City-St-Zip: NAPLES, FL 34113

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

Title: D ( ) Delete
Name: CHAMPMAN, RUTH
Address: 10 CIMMARON TR.
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: MARTIN, PATRICIA
Address: 17 OSAGE TR.
City-St-Zip: NAPLES, FL 34113

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

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

Title: D (X) Change ( ) Addition
Name: POZAN, JUDITH
Address: 29 ABILENE TR.
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change ( ) Addition
Name: MARTIN, EMMITT
Address: 17 OSAGE TR.
City-St-Zip: NAPLES, FL 34113

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA MARTIN P 03/31/2009

Electronic Signature of Signing Officer or Director — Date