2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45654

FILED Apr 10, 2004 Secretary of State

Entity Name: TIP TOP VILLAGE MOBILE HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14600 S TAMIAMI TR 14600 S TAMIAMI TR

LOT 97 LOT 100

FT MYERS, FL 33912 US FT MYERS, FL 33912 US

Current Mailing Address: New Mailing Address:

FT MYERS, FL 33912 US FT MYERS, FL 33912 US

FEI Number: 59-3090774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COUNTS, JOYCE D HAAS, CONNIE
14600 S. TAMIAMI TR. 14600 S. TAMIAMI TR.
LOT 97 LOT 100
FT MYERS, FL 33912 US FT MYERS, FL 33912 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: CONNIE HAAS 04/10/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DP () Delete Title: DP (X) Change () Addition

 Name:
 PERRIEN, MICHAEL
 Name:
 DOSS, ROBERT

 Address:
 14600 S. TAMIAMI TR LOT 102
 Address:
 14600 S. TAMIAMI TRAIL LOT 100

 City-St-Zip:
 FORT MYERS, FL 339125
 City-St-Zip:
 FORT MYERS, FL 339125

Title: DVP () Delete Title: DVP (X) Change () Addition

 Name:
 RENCUREL, CYNTHIA
 Name:
 MEERS, PERRI

 Address:
 14600 S TAMIAMI TRAIL LOT 80
 Address:
 14600 S TAMIAMI TRAIL LOT 94

City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: FT. MYERS, FL 33912

Title: DS () Delete Title: DS (X) Change () Addition Name: HAAS, CONNIE Name: HAAS, CONNIE

 Address:
 14600 S. TAMIAMI TR LOT 101
 Address:
 14600 S TAMIAMI TRAIL LOT 100

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33912

Title: DT () Delete Title: () Change () Addition

 Name:
 COUNTS, JOYCE D
 Name:

 Address:
 14600 S. TAMIAM TR LOT 97
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 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: ROBERT DOSS DP 04/10/2004