


# 2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90030 038 \*\*\*\*61.25

<b>DOCUMENT # N93000001868</b> 1. Entity Name <b>HAINES CITY PARK MOBILE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1300 POLK CITY ROAD LOT 167 HAINES CITY FL 33844 US</b>			Mailing Address <b>1300 POLK CITY ROAD LOT 167 HAINES CITY FL 33844 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0421045</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent <b>TAYLOR BARBARA J 1300 POLK CITY RD LOT #167 HAINES CITY FL 33844</b>			7. Name and Address of New Registered Agent Name <b>CAROL S CANTERBURY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1300 POLK CITY RD LOT 167</b> City <b>HAINES CITY</b> FL <b>33844</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. <b>CAROL S CANTERBURY</b> SIGNATURE <i>Carol S. Canterbury, Secretary</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, LAWERENCE 1300 POLK CITY RD. #240 HAINES CITY FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELEN LEIMGRUBER 1300 POLK CITY RD., LOT 172 HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, LORNE 1300 POLK CITY RD. #144 HAINES CITY FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M. A. MARTIN 1300 POLK CITY RD, LOT 256 HAINES CITY, FL. 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANTERBURY, CAROL 1300 POLK CITY RD, LOT 167 HAINES CITY FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBT. ALLEN 1300 POLK CITY RD. LOT 175 HAINES CITY, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, JACKIE 1300 POLK CITY RD LOT #35 HAINES CITY FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMES, JUANITA 1300 POLK CITY RD. #270 HAINES CITY FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIMEAU, GORDAN 1300 POLK CITY RD. #129 HAINES CITY FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carol S. Canterbury, Secretary</i> 3-9-04 863-422-1221 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					