

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001868

FILED
Mar 20, 2009
Secretary of State

Entity Name: HAINES CITY PARK MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1300 POLK CITY ROAD
LOT 35
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

1300 POLK CITY ROAD
LOT 35
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 65-0421045 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OSBORNE, JACKIE S
1300 POLK CITY RD.
LOT 35
HAINES CITY, FL 33844 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: PD () Delete
Name: BURRELL, RICHARD
Address: 1300 POLK CITY RD., 228
City-St-Zip: HAINES CITY, FL 33844

Title: VD () Delete
Name: DAUTERMAN, ROD
Address: 1300 POLK CITY RD., 242
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: OSBORNE, JACKIE
Address: 1300 POLK CITY RD., 35
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: DELBERT, LUCE
Address: 1300 POLK CITY RD., 230
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: COLLINS, LORNE
Address: 1300 POLK CITY RD., 144
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: SMITH, JEAN
Address: 1300 POLK CITY RD., 160
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: GABRIELSON, BILL
Address: 1300 POLK CITY RD., 241
City-St-Zip: HAINES CITY, FL 33844

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 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: WILLIAM GABRIELSON

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date