

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90142 012 ****70.00

DOCUMENT # N93000002792					
1. Entity Name TALL OAKS MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 525 BAREFOOT WILLIAMS RD LOT 172 NAPLES, FL 34113 US			Mailing Address 525 BAREFOOT WILLIAMS RD LOT 172 NAPLES, FL 34113 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0419990	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVES, VIRGIL 525 BAREFOOT WILLIAMS RD #173 NAPLES, FL 34113				7. Name and Address of New Registered Agent Name <u>Lee Jay Colling + Associates, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>682 Maitland Avenue</u> City <u>Altamonte Springs</u> FL Zip Code <u>32701</u>	
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. SIGNATURE <u>Lee Jay Colling, Pres.</u> DATE <u>2-22-02</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input type="checkbox"/> Delete	NAME ALVES, VIRGIL			TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Folk, Donald
STREET ADDRESS 525 BAREFOOT WILLIAMS RD #173	CITY-ST-ZIP NAPLES, FL 34113			STREET ADDRESS 525 Barefoot Williams Rd, Lot 112	CITY-ST-ZIP NAPLES, FL 34113
TITLE TD <input type="checkbox"/> Delete	NAME SCHMITT, R. BARRIE			TITLE 	NAME
STREET ADDRESS 525 BAREFOOT WILLIAMS RD., LOT 172	CITY-ST-ZIP NAPLES, FL 34113			STREET ADDRESS 	CITY-ST-ZIP
TITLE SD <input type="checkbox"/> Delete	NAME DUFFY, CAROL ANN			TITLE 	NAME
STREET ADDRESS 525 BAREFOOT WMS RD., #114	CITY-ST-ZIP NAPLES, FL 34113			STREET ADDRESS 	CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME HICKS, WILLIAM			TITLE 	NAME
STREET ADDRESS 525 BAREFOOT WILLIAMS RD., LOT 168	CITY-ST-ZIP NAPLES, FL 34113			STREET ADDRESS 	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME RIS, MAUREEN			TITLE 	NAME
STREET ADDRESS 525 BAREFOOT WILLIAMS RD., LOT 165	CITY-ST-ZIP NAPLES, FL 34113			STREET ADDRESS 	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME MCFARLAND, RICHARD			TITLE 	NAME
STREET ADDRESS 525 BAREFOOT WILLIAMS RD., LOT 182	CITY-ST-ZIP NAPLES, FL 34113			STREET ADDRESS 	CITY-ST-ZIP
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: <u>R. Barrie Schmitt, Treasurer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>2/17/05</u> Daytime Phone # <u>239-403-7511</u>	