


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90006 021 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01182008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0419990				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE JAY COLLING + ASSOCIATES, PA 529 VERSAILLES DRIVE SUITE 103 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <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, 2008		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 NAME HICKS, WILLIAM STREET ADDRESS 525 BAREFOOT WILLIAMS RD, LOT 168 CITY-ST-ZIP NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE VD NAME Phillip Tapillo STREET ADDRESS 525 Barefoot Wms Rd # 231 CITY-ST-ZIP Naples FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SCHMITT, R. BARRIE STREET ADDRESS 525 BAREFOOT WILLIAMS RD., LOT 172 CITY-ST-ZIP NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE SD NAME Rene Thompson STREET ADDRESS 525 Barefoot Wms Rd # 51 CITY-ST-ZIP Naples FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME DUFFY, CAROL ANN STREET ADDRESS 525 BAREFOOT WILLIAMS RD, LOT 162 CITY-ST-ZIP NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete		TITLE D NAME Randy Williams STREET ADDRESS 525 Barefoot Wms Rd # 79 CITY-ST-ZIP Naples FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME ALVES, VIRGIL STREET ADDRESS 525 BAREFOOT WILLIAMS ROAD, LOT 173 CITY-ST-ZIP NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete		TITLE D NAME Roger Vaughn STREET ADDRESS 525 Barefoot Wms Rd # 166 CITY-ST-ZIP Naples FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RIS, MAUREEN STREET ADDRESS 525 BAREFOOT WILLIAMS RD., LOT 165 CITY-ST-ZIP NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete		TITLE D NAME NICK VISCIO STREET ADDRESS 525 Barefoot Wms Rd # 42 CITY-ST-ZIP Naples FL 34113	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCFARLAND, RICHARD STREET ADDRESS 525 BAREFOOT WILLIAMS RD., LOT 182 CITY-ST-ZIP NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete		TITLE D 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 exemptions contained 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 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>Rene Thompson</u> <u>Rene Thompson Sec. 1-22-08</u> <u>239-877-</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					