

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12592

**Entity Name:** TAVARES HOLIDAY MOBILE PARK HOMEOWNERS, INC.**Current Principal Place of Business:**561 EAST BURLEIGH BLVD  
TAVARES, FL 32778**Current Mailing Address:**15 D. DOUGLAS DR  
TAVARES, FL 32778 US**FEI Number: 59-2607944****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHINSKI, MARCIA P  
15 D. DOUGLAS DR  
TAVARES, FL 32778 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES
Name	HOWARD, JOHN
Address	15 C DOUGLAS DR
City-State-Zip:	TAVARES FL 32778

Title	VP
Name	SHANNON, AUDREY
Address	10 A DOUGLAS DR
City-State-Zip:	TAVARES FL 32778

Title	2VP
Name	DANIEL, KERRY
Address	37A. DALE DR
City-State-Zip:	TAVARES FL 32778

Title	SEC
Name	RICKETTS, PATRICIA
Address	24 B JANICE AVE
City-State-Zip:	TAVARES 32778

Title	TREA
Name	SCHINSKI, MARCIA
Address	15 D. DOUGLAS DR
City-State-Zip:	TAVARES FL 32778

Title	DIR
Name	MELOCHE, DARYL DIR.
Address	23 B.HOLIDAY PLACE
City-State-Zip:	TAVARES FL 32778

Title	DIR.
Name	JOHNSON, DONALD DIR
Address	12 B. DOUGLAS DRIVE
City-State-Zip:	TAVARES FL 32778

*I hereby 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 all other like empowered.*

**SIGNATURE: MARCIA SCHINSKI****TREASURER****02/07/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date