FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:44

DOCUMENT # N06198 (8)

1. Corporation Name

LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O LOUISE MANN 1800 E. GRAVES AVE., LOT 150 ORANGE CITY FL 32763	C/O LOUISE MANN 1800 E. GRAVES AVE., LOT 150 ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1984
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2994572 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLEMING, ELEANOR
1800 E GRAVES AVE, LOT 164
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	P/D ☐ Change ☐ Addition
NAME	FLEMING, ELEANOR	12 NAME	John Bockstahler
STREET ADDRESS	1800 E GRAVES AV LOT 164	13 STREET ADDRESS	1800 E GRAVES AV #147
CITY-ST-ZIP	ORANG CITY FL	14 CITY-ST-ZIP	ORANGE CITY,FL
TITLE	~~PS~~	21 TITLE	S ☐ Change ☐ Addition
NAME	~~MANN, LEILA~~	22 NAME	MANN,LOUISE
STREET ADDRESS	~~1800 E GRAVES AV #115~~	23 STREET ADDRESS	1800 E GRAVES AV #150
CITY-ST-ZIP	~~ORANGE CITY FL~~	24 CITY-ST-ZIP	ORANGE CITY, FL
TITLE	D	31 TITLE	VP/D ☐ Change ☐ Addition
NAME	AESCH, LEILA	32 NAME	JAMES PELFREY
STREET ADDRESS	1800 E GRAVES AVE #115	33 STREET ADDRESS	1800 E GRAVES AV #62
CITY-ST-ZIP	ORANGE CITY FL	34 CITY-ST-ZIP	ORANGE CITY, FL
TITLE	DV	41 TITLE	D ☐ Change ☐ Addition
NAME	DAUPHIN, MARY	42 NAME	MAC MC FADDEN
STREET ADDRESS	1800 E GRAVES AF #123	43 STREET ADDRESS	1800 E GRAVES AV #120
CITY-ST-ZIP	ORANGE CITY FL	44 CITY-ST-ZIP	ORANGE CITY, FL
TITLE	~~D~~	51 TITLE	D ☐ Change ☐ Addition
NAME	~~HALEY, FRANK~~	52 NAME	JAMES LEGAULT
STREET ADDRESS	~~1800 E GRAVES AV LT 5~~	53 STREET ADDRESS	1800 E GRAVES AV #58
CITY-ST-ZIP	~~ORANGE CITY FL~~	54 CITY-ST-ZIP	ORANGE CITY, FL
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	CARIGNAN, FLORENCE	62 NAME	BENJAMIN WILLIAMEE
STREET ADDRESS	1800 E GRAVES AV #158	63 STREET ADDRESS	1800 E GRAVES AV # 180
CITY-ST-ZIP	ORANGE CITY FL	64 CITY-ST-ZIP	ORANGE CITY, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eleanor R. Fleming Eleanor R. Fleming 4/6/95 904-774-2593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031994