FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 11/15/1984
3a. Date of Last Report: 04/12/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAE HOOKER
~~FLEMING, ELEANOR~~
1800 E GRAVES AVE, LOT ~~164~~ 29
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name: MAE HOOKER
82 Street Address (P.O. Box Number is Not Acceptable): 1800 E. GRAVES AVE. LOT 29
83
84 City: ORANGE CITY, FL 85 Zip Code: 32763

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Mae Hooker — Feb. 22, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	FLEMING, ELEANOR		1.2 NAME	FRANK KAMMERMEYER	
STREET ADDRESS	1800 E GRAVES AV LOT 164		1.3 STREET ADDRESS	1800 E. GRAVES AVE - LOT 53	
CITY-ST-ZIP	ORANG CITY FL		1.4 CITY-ST-ZIP	ORANGE CITY, FLA	
TITLE	~~PD~~	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BOCKSTAHLER, JOHN		2.2 NAME	BEN WILLIAMEE	
STREET ADDRESS	1800 E GRAVES AV #147		2.3 STREET ADDRESS	1800 E. GRAVES AVE. - LOT 180	
CITY-ST-ZIP	ORANGE CITY FL		2.4 CITY-ST-ZIP	ORANGE CITY, FLA	
TITLE	D	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	AESCH, LEILA		3.2 NAME	JIM LEGAULT	
STREET ADDRESS	1800 E GRAVES AVE #115		3.3 STREET ADDRESS	1800 E. GRAVES AVE. - LOT 58	
CITY-ST-ZIP	ORANGE CITY FL		3.4 CITY-ST-ZIP	ORANGE CITY, FLA	
TITLE	~~DVS~~	☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	DAUPHIN, MARY		4.2 NAME	MAE HOOKER	
STREET ADDRESS	1800 E GRAVES AF #123		4.3 STREET ADDRESS	1800 E. GRAVES AVE - LOT 29	
CITY-ST-ZIP	ORANGE CITY FL		4.4 CITY-ST-ZIP	ORANGE CITY, FLA	
TITLE	~~S~~ P	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MANN, LOUISE		5.2 NAME	DOROTHY GRAPENTIME	
STREET ADDRESS	1800 E GRAVES AVE #150		5.3 STREET ADDRESS	1800 E. GRAVES AVE. - LOT 152	
CITY-ST-ZIP	ORANGE CITY FL		5.4 CITY-ST-ZIP	ORANGE CITY, FLA	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CARIGNAN, FLORENCE		6.2 NAME	BILL GREELY	
STREET ADDRESS	1800 E GRAVES AV #158		6.3 STREET ADDRESS	1800 E. GRAVES AVE. - LOT 108	
CITY-ST-ZIP	ORANGE CITY FL		6.4 CITY-ST-ZIP	ORANGE CITY - FLA	

CR2E037 (12/95)

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)(k), 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: Mae Hooker Treas. (MAE HOOKER) 2/22/96 904-7750349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #