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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32763-5619

3. Date Incorporated or Qualified: 11/15/1984
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 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

HOOKER, MAE
1800 E GRAVES AVENUE
LOT 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.
83: LOT 29
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. 19, 1997
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAMMERMEYER, FRANK 1800 E GRAVES AVE LOT 53 ORANG CITY FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S MYRA, THOMAS 1800 E. GRAVES AVE. - LOT 159 ORANGE CITY, FL 32763 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOCKSTAHLER, JOHN 1800 E GRAVES AV #147 ORANGE CITY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T MAE HOOKER 1800 E. GRAVES AVE. - LOT 29 ORANGE CITY - FL 32763 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WILLIAM, BEN E.~~ WILLIAMEE, BEN 1800 E GARVES AVE LOT 180 ORANGE CITY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP DALE MAXWELL 1800 E. GRAVES AVE. - LOT 161 ORANGE CITY, FL 32763 — ☐ Change ☒ Addition
			ET ADDRESS / -ST-ZIP	D JULIE BAILEY 1800 E. GRAVES AVE. - LOT 146 ORANGE CITY, FL 32763 — ☐ Change ☒ Addition
			AME / REET ADDRESS / TY-ST-ZIP	D DOROTHY GRAPENTINE #152 1800 E. GRAVES AVE. ORANGE CITY, FL 32763 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARIGNAN, FLORENCE 1800 E GRAVES AV #158 ORANGE CITY FL		TLE / AME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D CLINTON SWANK 1800 E. GRAVES AVE. - LOT 4 ORANGE CITY, FL 32763 — ☐ Change ☒ Addition

D
HOWARD STONE — ADDITION
1800 E. GRAVES AVE. LOT #107
ORANGE CITY, FL 32763

CR2E037 (9/96)

14. I do 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 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 MAE HOOKER - FEB. 19, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014433