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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N06198

(8)

LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC

FILED Feb 27 1997 8:00am Secretary of State



	ce of Business	Mailing Address				IN IL NUMET MEDIT MEDIT MENTE NUMET NEUR P
C/O LOUISE	MANN	C/O LOUISE MANN				
1800 e. Grav Orange Cit'i	/ES AVE LOT 150 Y FL 32763	1800 E. GRAVES AVE., L ORANGE CITY FL 32763-			Date Incorporated or Qualified	Tan Date of Last Poner
					11/15/1984	3a. Date of Last Report 02/27/1996
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number 59-2994572	Applied Fo
Suite, Apt	t. #, etc.	Suite, Apt #, etc.	·	······································	5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Coun	itry	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
]	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent
			Į,	B1 Name	MAE HOOKER	
	ER, MAE		1	82 Street A	ddress (P.O. Box Number is Not Acceptable) OO E. GRAVES AVE	ole)
	GRAVES AVENUE		ļ,	1 <i>8 C</i>	OO E. GRAVES AVE	<u> </u>
LOT 29				55	LOT 29	
UKAN	GE CITY FL 32763		[8	B4 City	RANGE CITY	FL 85 Zip Code
1. Pursuan	at to the provisions of Sections 617.0	502 and 617 1508 Florida State	utes the abo		corporation submits this statement for the p	
office or	r registered agent, or both, in the Sta	ite of Florida. Such change was	s authorized	by the corpo	pration's board of directors. I hereby accept	of the appointment as register
-	am familiar with and accept the obt	Igations or, Section 617.0503, F	-lorida Statu	ites.	6	EB. 19, 19 9 7
IGNATURE	· · · (ae My	ner			<i>F</i>	60.17.19¶1
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	Signature, Typed or printed name of registered in	agent and title if applicable. (NO IND DIRECTORS	OTE Registered	Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
2.	Signature, Typed or printed name of registered in	agent and title if applicable. (NC		F	adulted when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
2 .	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable. (NO IND DIRECTORS	13.	F	adulted when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
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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: Mac Africa MAE HONKER - FEB. 19, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat