

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06198

FILED
Apr 30, 2012
Secretary of State

Entity Name: LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1800 E GRAVES AVE.
LOT 133
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

1800 E GRAVES AVE.
LOT 133
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2994572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELTON, WALTER
1800 E GRAVES AVENUE
LOT 133
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HELTON, WALTER
Address: 1800 E GRAVES AVE LOT 133
City-St-Zip: ORANGE CITY, FL 32763

Title: VD
Name: CHAMBERLAIN, WILLIAM
Address: 1800 E GRAVE AVE LOT 67
City-St-Zip: ORANGE CITY, FL 32663

Title: D
Name: NICHOLS, JUDY
Address: 1800 E GRAVES AVE, LOT 158
City-St-Zip: ORANGE CITY, FL 32763

Title: SD
Name: FIELDS, BARBARA
Address: 1800 E GRAVES AVE. LOT 157
City-St-Zip: ORANGE CITY, FL 32763

Title: T
Name: TUTTLE, JAMES
Address: 1800 E. GRAVES AVE, LOT 68
City-St-Zip: ORANGE CITY, FL 32763

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: WALTER HELTON

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date