SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236,25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9200000862 (4)

FILED Oct 08 1998 8:00am3 Secretary of State

| i. Corpor | anon Mame | \ / | | |
|--|--|--|--|--|
| SOUT | HEAST AREA MOTOR HOME A | SSOCIATION, INC. | | |
| Principal F | Place of Business | Mailing Address | | |
| 1530 W. DAUGHPERY RD. LAKELAND FL 38810 3229 US | | | _ | Date Incorporated or Qualified 12/17/1992 FEI Number |
| 2 Principe | al Place of Business | 2a. Malling Address | | 59-3155764 Not Applicable |
| | B MOUNT OLIVE SHOPES | | T Al war Silan | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| Sulte, A | Apt. #, etc. | Sulte, Apt. #, etc. | - V & 7 V O - 47 7 V O | 6. Election Campaign Financing \$5.00 May Be |
| 22 | | 27 | | Trust Fund Contribution Added to Fees |
| 23 6 8 8 | LK CITY, FI. | City & State Polk City | TY, FI. 9311 | 7. is this nonprofit corporation a homeowners association? |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year intangible |
| 24 338 | 668-9311 25 | 29 33 868-9311 | 30 POLK | Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Current I | Registered Agent | 81 Name | 10. Name and Address of New Registered Agent |
| MALLOY, PAT 2180 62ND ST N | | | 7 | PAT MALLOY |
| | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) MOUNT OLIUE SHORES CT. |
| 1530 W. DAUGHTERY RD. | | | 83 | FULL CAUGE SHOELD SI. |
| | LAKELAND FL 33810 | | | 100 7'- O-d- |
| | | | | LK CITY, 1 FL 85 35 86 8 |
| 11. Pursua office o | ant to the provisions of sections 617.0502 an or registered agent, or both, in the State of F | d 617.1508, Florida Statutes, Torida. Such change was aut | the above-named corpora horized by the corporation | ation submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered |
| | | ns of, section 617.0503, Florid | la Statutes. | k-30-98 |
| SIGNATUR | Signature, typed or printed name of registered agent ar | nd title if applicable (NO) | E: Registered Agent signature requ | ulred when reinstating) DATE |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | Change Addition |
| NAME STREET ADDRE | MALLOY, PAT ESS-1530 DAUGHTERY ROAD SO/5 | Maum alme de | 1.2 NAME | |
| CITY-ST-ZIP | | LK CITY, FI-3368 | | |
| TITLE | D D | DELETE | 2.1 TITLE | Change Addition |
| NAME | BRABAND, WALTER | Z-Vecele | 2.2 NAME | 4000026604 L Change L Addition -10/09/98-01054-028 |
| STREET ADDRE | 4 6 - | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL 34642 | | 2.4 CITY-ST-ZIP | ***61.25 |
| TITLE | D | DELETE | 3.1 TITLE | Change Addition |
| NAME | MICHAYD, BRUCE | - \ | 3.2 NAME | |
| STREET ADORE | AP ALMINIOLI PRIDI | | 3.3 STREET ADDRESS | |
| TITLE | LANTANA FL | | 3.4 CITY-ST-ZIP | |
| NAME | | DELETE | | |
| STREET ADDRE | Michaud, Bruce | D DELETE | 4.1 TITLE 4.2 NAME | Sange //ddition |
| | | D DELETE | 4.2 NAME 4.3 STREET ADDRESS | Control of the contro |
| CITY-ST-ZIP | 55 16371 LUNWAY DR | | 4.2 NAME | Colored Colore |
| | 1637/ LUNWAY DR BROOKSVILLE, Pl | | 4.2 NAME 4.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | 1637/ LUNWAY DR BROOKSVILLE, Pl | 84609 | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | 96/98 |
| CITY-ST-ZIP TITLE NAME STREET ADDRES | 1637/ LUNWAY DR BROOKSVILLE, PI TREASURER DON STEDMAN SIS WILLINDA | B √ 609 □ DELETE | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | 96/98 |
| CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP | 1637/ LUNWAY DR BROOKSVILLE, PI TREASURER DON STEDMAN SIS WILLINDA | B √ 609 □ DELETE | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | 96/98 |
| CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE | 1637/ LUNWAY DR BROOKSVILLE, Pl | B √ 609 □ DELETE | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | 96/98 |
| CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME | 1637/ LUNWAY DR BROCKSVILLE, PI TOGASURER DON STEDMAN 195 WILINDA MELBOURNE, PI. | 32934 | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP | 1637/ LUNWAY DR BROCKSVILLE, PI TOGASURER DON STEDMAN 195 WILINDA MELBOURNE, PI. | 32934 | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | Change Addition |

indicated on this annual report or 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.

8-30-98 407-254-1073