

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000001398 (5)
1. Corporation Name
LAKE COUNTY MOBILE/MANUFACTURED HOUSING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 03941 CITRUS CIRCLE, FRUITLAND PARK FL 34731
Mailing Address: 03941 CITRUS CIRCLE, FRUITLAND PARK FL 34731-8465

3. Date Incorporated or Qualified: 03/22/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: 59-3363064
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
GAMMON, JOHN F
03941 CITRUS CIRCLE
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code (FL)

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP DROLSHAGEN, DONALD 97 JODI AVENUE LEESBURG FL	1.1 TITLE	D John F Gammon 03941 Citrus Circle Fruitland Park Fl 34731
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT VOLK, FRED 604 SANDPIPER DRIVE LEESBURG FL	2.1 TITLE	DV Stavo le Boutillier 9318 Wakevia Rd Tallahassee, FL 32388-4824
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS BARBOUR, ROBERT 1240 SUNSET DRIVE LEESBURG FL	3.1 TITLE	D Paul Lubcke 75 Lattice DR Leesburg, FL 34788
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BADER, WILLIAM 194 N LAKE DRIVE LEESBURG FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D FERRI, JOHN 15130 89 TIMBER VILLAGE ROAD GROVELAND FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
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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: *Donald A Drolshagen* Donald A Drolshagen Pres 4/24/97 352-728-8674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066607

CR2E037 (9/96)