

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N9500001398  
1. Corporation Name  
LAKE COUNTY MOBIL-MANUFACTURED HOUSING HOMEOWNERS ASSOCIATION INC  
N9500001398

Principal Place of Business Mailing Address  
~~LAKE COUNTY~~ LAKE COUNTY 604 SANDPIPER DR  
LEESBURG FLA 34788

2. Principal Place of Business 2a. Mailing Address  
21 LAKE COUNTY 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
3-22-85  
4. FEI Number Applied For  
59-336304 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  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
FRED R. VOLK  
604 SANDPIPER DR  
LEESBURG FLA 34788

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

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 Fred R Volk (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <input checked="" type="checkbox"/>	President	<input type="checkbox"/> DELETE
NAME	John Gammon	
STREET ADDRESS	3941 Citrus Cir	
CITY-ST-ZIP	Lakeland Park, Fla. 34731	
TITLE <input checked="" type="checkbox"/>	Vice Pres. Paul Luthke	<input type="checkbox"/> DELETE
NAME	75 Lattice Dr	
STREET ADDRESS	Leesburg Fla 34788	
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/>	Sec. Lloyd Ayers	<input type="checkbox"/> DELETE
NAME	854 Bishop Dr.	
STREET ADDRESS	Lady Lake Fla.	
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/>	Treasurer	<input type="checkbox"/> DELETE
NAME	Fred Volk	
STREET ADDRESS	604 Sandpiper Dr.	
CITY-ST-ZIP	Leesburg Fla 34788	
TITLE <input checked="" type="checkbox"/>	Bill Bader	<input type="checkbox"/> DELETE
NAME	1606 Wayward Walk	
STREET ADDRESS	Leesburg, Fla. 34748	
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/>	Donald Brulshagen	<input type="checkbox"/> DELETE
NAME	97 Jodi Ave	
STREET ADDRESS	Leesburg Fla 34788	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JOHN GAMMON D.P.	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	100002562131	
43 STREET ADDRESS	-06/17/98--01008--007	
44 CITY-ST-ZIP	***61.25	
51 TITLE	Bob Bobrow - Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	1240 Sunset Dr.	
53 STREET ADDRESS	Leesburg 34788 -	
54 CITY-ST-ZIP		
61 TITLE	JOAN Purcell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	1684 Timber Ridge Cir.	
63 STREET ADDRESS	Leesburg Fla. 34748	
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Fred R Volk 5/19/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)