


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90003 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001398**

1. Corporation Name

**LAKE COUNTY MOBILE/MANUFACTURED HOUSING HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

604 SANDPIPER DRIVE  
 LEESBURG FL 34788

Mailing Address

604 SANDPIPER DRIVE  
 LEESBURG FL 34788



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/22/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3363064</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent

**VOLK, FRED**  
 604 SANDPIPER DRIVE  
 LEESBURG FL 34788

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

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 F Volk*

3/10/99  
 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMMON, JOHN	1.2 NAME	JIM MUCKEY
STREET ADDRESS	3941 CITRUS CIRCLE	1.3 STREET ADDRESS	7320 HARBOR VIEW DR
CITY-ST-ZIP	FRUITLAND FL 34731	1.4 CITY-ST-ZIP	LEESBURG FL 34788
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUDTHKE, PAUL	2.2 NAME	TED OUDER
STREET ADDRESS	75 LATTICE DRIVE	2.3 STREET ADDRESS	04059-45 PILLIOLA RD
CITY-ST-ZIP	LEESBURG FL 34788	2.4 CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYERS, DLOYD	3.2 NAME	WALT BALCOM
STREET ADDRESS	854 BISHOP DRIVE	3.3 STREET ADDRESS	28944 HUBBARD ST #93
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLK, FRED	4.2 NAME	BOB BARBOUR
STREET ADDRESS	604 SANDPIPER DRIVE	4.3 STREET ADDRESS	1240 SUNSET DR
CITY-ST-ZIP	LEESBURG FL 34788	4.4 CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADER, BILL	5.2 NAME	MARCIA HARVEY
STREET ADDRESS	1606 WAYWARD WALK	5.3 STREET ADDRESS	37901 MAYWOOD BAY DR
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	PURSELL, JOAN	6.2 NAME	
STREET ADDRESS	1687 TIMBER RIDGE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	6.4 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)(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, with all other like empowered.

SIGNATURE:

*Fred F Volk*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99  
 Date

352-357 0884  
 Daytime Phone #

CR2E037 (1/198)