

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90621 021 ****61.25

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DOCUMENT # N95000001398

1. Entity Name

LAKE COUNTY MOBILE/MANUFACTURED HOUSING HOMEOWNE

Principal Place of Business

Mailing Address

604 SANDPIPER DRIVE
 LEESBURG FL 34788

604 SANDPIPER DRIVE
 LEESBURG FL 34788

2. Principal Place of Business

3. Mailing Address

6629 HOPI TRL. 6629 HOPI TRL.
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LEESBURG FLA. LEESBURG FLA.

Zip

Country

Zip

Country

34748 34748

4. FEI Number

59-3363064

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLK, FRED
 604 SANDPIPER DRIVE
 LEESBURG FL 34788

Name: ORVEL J. WALTER

Street Address (P.O. Box Number is Not Acceptable)

6629 HOPI TRL.

City

LEESBURG

FL

Zip Code

34748

8. 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: ORVEL J. WALTER

Signature, typed or printed name of registered agent and title if applicable.

Orvel J. Walter

(NOTE: Registered Agent signature required when reinstating)

3-2-01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP
 NAME: MUCKEY, JIM Delete
 STREET ADDRESS: 7320 HARBOR VIEW DR
 CITY-ST-ZIP: LEESBURG FL 34788

TITLE: DIRECTOR Change Addition
 NAME: DONNA DERESKI
 STREET ADDRESS: 33237 SAND DRIVE LANE
 CITY-ST-ZIP: LEESBURG FL. 34748

TITLE: VD Delete
 NAME: ORVEL, WALTER
 STREET ADDRESS: 6629 HOPI TR
 CITY-ST-ZIP: LEESBURG FL 34748

TITLE: DIRECTOR Change Addition
 NAME: WILL DENOMING
 STREET ADDRESS: 24 MILLER COURT
 CITY-ST-ZIP: W. DORA FL. 32257

TITLE: DS Delete
 NAME: BALCOM, WALT
 STREET ADDRESS: 28944 NUBBARD ST #93
 CITY-ST-ZIP: LEESBURG FL 34748

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: TD Delete
 NAME: VOLK, FRED
 STREET ADDRESS: 604 SANDPIPER DRIVE
 CITY-ST-ZIP: LEESBURG FL 34788

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: BADER, BILL
 STREET ADDRESS: 1606 WAYWARD WALK
 CITY-ST-ZIP: LEESBURG FL 34748

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: HARVEY, MARCIA
 STREET ADDRESS: 37901 MAYWOOD BAY DR.
 CITY-ST-ZIP: LEESBURG FL 34788

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Orvel J. Walter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-01
 Date

352 323 9074
 Daytime Phone #

CR2E037 (10/00)