FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:07

DOCUMENT # N01564 (6)

1. Corporation Name
LAKE JESSIE MOBILE HOME OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
% EARL TEN EYCK 4 BASS CIRCLE WINTER HAVEN FL 33881	% EARL TEN EYCK 4 BASS CIRCLE WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1984
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2876534 ☐ Applied For ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 % Ken Colglazier	28 % Ken Colglazier
Suite, Apt. #, etc. 22 10 Bass Circle	Suite, Apt. #, etc. 27 10 Bass Circle
City & State 23 Winter Haven, FL	City & State 26 Winter Haven, FL
Zip / Country 24 33881 / 25 POLK	Zip / Country 29 33881 / 30 POLK

9. Name and Address of Current Registered Agent

HELMS, LARRY S.
60-2ND STREET, S.E.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BD	1.1 TITLE	S	☒ Change ☐ Addition
NAME	MCKENZIE, BERNARD	1.2 NAME	JERRY CAMP	
STREET ADDRESS	113 BASS CIRCLE	1.3 STREET ADDRESS	88 PERCH ST.	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	BD	2.1 TITLE	P	☒ Change ☐ Addition
NAME	JACK, FAY RETIRED	2.2 NAME	KEN COLGLAZIER	
STREET ADDRESS	64 PERCH	2.3 STREET ADDRESS	10 BASS CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	P	3.1 TITLE	V	☒ Change ☐ Addition
NAME	TENEYCK, EARL RETIRED	3.2 NAME	NORITA HOLLINGSHEAD	
STREET ADDRESS	4 BASS CIRCLE	3.3 STREET ADDRESS	116 BASS CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	T	4.1 TITLE	BD	☒ Change ☐ Addition
NAME	KUIPERY, JOHN	4.2 NAME	OLIN KAUFFMAN	
STREET ADDRESS	53 BREAM	4.3 STREET ADDRESS	111 BASS CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	S	5.1 TITLE	T	☒ Change ☐ Addition
NAME	LIEBOENOW, HAROLD	5.2 NAME	JOHN KUIPERY	
STREET ADDRESS	90 PERCH	5.3 STREET ADDRESS	53 BREAM	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	V	6.1 TITLE	BD	☒ Change ☐ Addition
NAME	COLGLAIER, KENNETH	6.2 NAME	HAROLD LIEBENOW	
STREET ADDRESS	10 BASS CIRCLE	6.3 STREET ADDRESS	90 PERCH ST.	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kenneth E. Colglazier Jan. 18, 1995 813-956-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088881