


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 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 # NO1564 (6)			
1. Corporation Name LAKE JESSIE MOBILE HOME OWNERS' ASSOCIATION, INC			
Principal Place of Business % JERRY CAMP 88 PERCH ST WINTER HAVEN FL 33881 US		Mailing Address % JERRY CAMP 88 PERCH ST. WINTER HAVEN FL 33881 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/21/1984		4. FEI Number 59-2876534	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D NAME JERRY CAMP STREET ADDRESS 88 PERCH ST CITY-ST-ZIP WINTER HAVEN FL 33881		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE S/D NAME KEN COLGLAZIER STREET ADDRESS 123 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN FL 33881		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE T/D NAME MORITA HOLLINGSHEAD STREET ADDRESS 116 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN FL 33881		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE BD/D NAME OLIN KAUFFMAN STREET ADDRESS 111 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN FL 33881		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE V/D NAME LOUIS MILLER STREET ADDRESS 104 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN FL 33881		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE BD/D NAME BERNARD MCKENZIE STREET ADDRESS 113 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN FL 33881		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.			
SIGNATURE: <u>Jerry Camp</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-16-98 Date	
		941-956-5206 Telephone #	

CR2E037 (10/97)