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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01564**

1. Corporation Name

**LAKE JESSIE MOBILE HOME OWNERS' ASSOCIATION, INC**

Principal Place of Business

% JERRY CAMP  
88 PERCH STREET  
WINTER HAVEN FL 33881  
US

Mailing Address

% JERRY CAMP  
88 PERCH STREET  
WINTER HAVEN FL 33881  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/21/1984

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE BPD  
NAME CAMP, JERRY  
STREET ADDRESS 88 PERCH ST.  
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ DELETE

TITLE SD  
NAME COLGLAZIER, KEN  
STREET ADDRESS 123 BASS CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ DELETE

TITLE TD  
NAME HOLLINGSHEAD, NORITA  
STREET ADDRESS 116 BASS CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ DELETE

TITLE BDD  
NAME KAUFFMAN, OLIN  
STREET ADDRESS 111 BASS CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL 33881 ☒ DELETE

TITLE BD  
NAME MILLER, LOUIS  
STREET ADDRESS 104 BASS CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ DELETE

TITLE BDD  
NAME MCKENZIE, BERNARD  
STREET ADDRESS 113 BASS CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

RD  
ROBERT QUAKENBUSH  
18 BASS CIE  
WINTER HAVEN, FL. 33881

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Jerry Camp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99 941-956-5206

Date

Daytime Phone #

CR2E037 (11/98)