

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90033 006 ****61.25

DOCUMENT # N01564

1. Entity Name

LAKE JESSIE MOBILE HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business

Ken Colglazier
C/O ROBERT QUAKENBUSH
123 BASS CIR.
WINTER HAVEN FL 33881
US

Mailing Address

Ken Colglazier
C/O ROBERT QUAKENBUSH
123 BASS CIR.
WINTER HAVEN FL 33881
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2876534

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

LEE JAY COLLINS & ASSOCIATES PA
LEE JAY COLLING AND ASSOC PA
682 MAITLANE AVE
ALTAMONTE SPRINGS FL 32701

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, ROBERT	
STREET ADDRESS	54 BREAM ST.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD FS	<input type="checkbox"/> Delete
NAME	BLAKE, WANDA	
STREET ADDRESS	63 BREAM ST	
CITY-ST-ZIP	WINTER HAVEN FL 33-8819	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	QUAKENBUSH, ROBERT E	
STREET ADDRESS	18 BASS CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, MARY	
STREET ADDRESS	80 PERCH ST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	BD	<input type="checkbox"/> Delete
NAME	COLELAZIER, KEN	
STREET ADDRESS	123 BASS CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHAIR, EARL	
STREET ADDRESS	50 BREAM ST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wanda Clingemon	
STREET ADDRESS	17 Bass Circle	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	BD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Magnuson	
STREET ADDRESS	11 Bass Circle	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	BD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Rockey	
STREET ADDRESS	87 Perch St.	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #