


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90083 039 ****61.25

DOCUMENT # N01564					
1. Entity Name LAKE JESSIE MOBILE HOME OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O KEN COLGLAZIER 123 BASS CIR. WINTER HAVEN, FL 33881 US			Mailing Address C/O ROBERT QUAKENBUSH 123 BASS CIR. WINTER HAVEN, FL 33881 US		
2. Principal Place of Business C/O JERRY CAMP Suite, Apt. #, etc.		3. Mailing Address 88 PERCH ST Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL		4. FEI Number 59-2876534	
Zip 33881		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE JAY COLLINS & ASSOCIATES PA LEE JAY COLLING AND ASSOC PA 682 MAITLANE AVE ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME CAMPBELL, ROBERT STREET ADDRESS 54 BREAM ST. CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE VP NAME CAMPBELL, ROBERT STREET ADDRESS 54 BREAM ST CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BLAKE, WANDA STREET ADDRESS 63 BREAM ST CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE SIT NAME BLAKE, WANDA STREET ADDRESS 53 BREAM ST CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BP NAME CLINGEMON, WARREN STREET ADDRESS 17 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE D NAME CLINGEMON, WARREN STREET ADDRESS 17 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BD NAME MAGNESON, DAVID STREET ADDRESS 11 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE P NAME CAMP, JERRY STREET ADDRESS 88 PERCH ST CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE BDS NAME COLELAZIER, KEN STREET ADDRESS 123 BASS CIRCLE CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete		TITLE D NAME ROCKEY, ROBERT STREET ADDRESS 87 PERCH ST CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WHITEHAIR, EARL STREET ADDRESS 50 BREAM ST CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete		TITLE D NAME KNOTT, JOE STREET ADDRESS 112 BASS CIR CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Jerry Camp</u> JERRY CAMP			3/17/05 863-956-5206		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					