

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06198

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC1051221289**

**Entity Name:** LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1800 E GRAVES AVE.  
LOT 20  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1800 E GRAVES AVE.  
LOT 20  
ORANGE CITY, FL 32763 US

**FEI Number: 59-2994572**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DELISLE, LINDA  
1800 E GRAVES AVENUE  
LOT 133  
ORANGE CITY, FL 32763 US

*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.*

**SIGNATURE:** LINDA DELISLE

04/22/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRUUN, CHRIS  
Address        1800 E GRAVES AVE LOT 21  
City-State-Zip: ORANGE CITY FL 32763

Title            VP  
Name            FRITZ, RANDALL  
Address        1800 E GRAVE AVE LOT 144  
City-State-Zip: ORANGE CITY FL 32763

Title            TREASURER  
Name            DELISLE, LINDA  
Address        1800 E GRAVES AVE, LOT 20  
City-State-Zip: ORANGE CITY FL 32763

Title            BOARD  
Name            RANIER, DON  
Address        1800 E GRAVES AVE. LOT 122  
City-State-Zip: ORANGE CITY FL 32763

Title            BOARD MEMBER  
Name            SCHEILDING, WARREN  
Address        1800 E. GRAVES AVE, LOT 144  
City-State-Zip: ORANGE CITY FL 32763

Title            BOARD MEMBER  
Name            CONNELL, JAMES  
Address        1800 E. GRAVES AVE., LOT1  
City-State-Zip: ORANGE CITY FL 32763

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA DELISLE

**TREASURER**

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date