

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 19 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **386529** (2)

1. Corporation Name

**LAKE RUNNYMEADE MOBILE PARK, INC.**

Principal Place of Business

**1333 Hasker Circle**  
~~1300 HASKER CIRCLE LOT #1~~  
ST CLOUD FL 34771

Mailing Address

**1333 Hasker Circle**  
~~1300 HASKER CIRCLE~~  
ST. CLOUD FL 34771  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/08/1971** 3a. Date of Last Report **02/24/1994**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applied For

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**Aaron**  
**NORMAN, ARRON H.**  
**1333 HASKER CIRCLE**  
**ST CLOUD FL 34771**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>NORMAN, AARON H</b>
STREET ADDRESS	<b>1300 HASKER CIR. 1333 Hasker Circle</b>
CITY - ST - ZIP	<b>ST CLOUD FL</b>
TITLE	<b>TVD</b>
NAME	<b>HASKER, CHARLES</b>
STREET ADDRESS	<b>1300 HASKER CIR. 1333 Hasker Circle</b>
CITY - ST - ZIP	<b>ST CLOUD FL</b>
TITLE	<b>S</b>
NAME	<b>HASKER, BETTY</b>
STREET ADDRESS	<b>1300 HASKER CIR. 1333 Hasker Circle</b>
CITY - ST - ZIP	<b>ST CLOUD FL</b>
TITLE	<b>Asst. Sec.</b>
NAME	<b>Marsha Daigle</b>
STREET ADDRESS	<b>1333 Hasker Circle</b>
CITY - ST - ZIP	<b>St. Cloud, FL 34771</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or as an attachment with an address.

SIGNATURE: Marsha Daigle **Asst. Sec.** 4/1/95 407.892.9271  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR