FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 386529

(2)

LAKE RUNNYMEADE MOBILE PARK, INC.					
Principal Place of Business 1333 HASKER CIRCLE ST CLOUD FL 34771 US		Mailing Address 1333 HASKER CIRCLE ST CLOUD FL 34771-7218 US			
••				 Date incorporated or Qualified 08/06/1971 	3a. Date of Last Report 05/09/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEt Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt. (#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Ζφ	Country	28	Country	B. This corporation has liability for in	
4	25	<u>-</u>	30	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Curren		30,	10. Name and Address of New Reg	
NOR	IMAN, AARON H.		81 Name	harles Hasker	JR
	HASKER CIRCLE		82 Street Add	rose (P.O. Boy Number is Not Accepted)	۵۱
ST CLOUD FL 34771				TOUGHT WORK	SAME MAATESS
			83 ()\2	ed acar Como	As Before
					85 Zin Code
			ALC NO.	CATHICIAN CANDO	FL " ARROW
11. Pursuant t	to the provisions of Sections 607.050	2 and 607, 1508, Florida Statute	es, the above-named cor	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered
agent. Lar	egistered againt, or both in the state rn familiar with and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.	mons board of directors, Thereby accep	title appointment as registered
SIGNATURE	MESin	Charles R. Ho	sker, it to	resure / vice PreBident	1-20-97
	Signature: typen or printed name of Agistaled age		Registered Agent signature requ		DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TRIE	NORMAN, AARON H	LJ DECEIR	1.2 NAME	*	
NAME	1333 HASKER CIRCLE		1.3 STREET ADDRESS	```. ''	
STREET ADDRESS	ST CLOUD FL		1.4 CITY-ST-ZIP	*3. 	
CITY-S3-ZIP TITLE	TVD	DELETE	2.1 TITLE		Change Addition
NAME	HASKER, CHARLES		2.2 NAME		
STREET ADDRESS	1333 HASKER CIRCLE		2.3 STREET ADDRESS	•	
CITY-ST 2iP	ST CLOUD FL		2. 4 CITY-ST-ZIP		
THEF	\$	☐ DELETE	3.4 TITLE		Change Addition
NAME	HASKER, BETTY	.	SZ NAME	:	
STREET ADORESS	1333 HASKER CIRCLE	~ 20,00x	3.3 STREET ADDRESS	j.	
CITY-ST-ZIP	ST CLOUD FL	Do rotal	34 CITY-ST-ZIP		
TITLE	AS	A A A A A A A A A A A A A A A A A A A	A TIPLE		☐ Change ☐ Addition
NAME	DAIGLE, MARSHA	. HALS	2 NAME		
SPREEL ADDRESS	1333 HASKER CIRCLE	-	4.3 STREET ADDRESS	4.4. 4.7.	
CHY-ST-ZIP	ST CLOUD FL	1	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIFI		Interte	5.4 CITY - ST - ZiP		Change Addition
IrTLE		DELETE	6.1 TITLE		ET CHRUBE ET MODITION
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-SI-ZIP	by certify that the information supplies	d with this filing does not quete	6.4 City-St-ZiP	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informatio	on indicated on this annual report or s	supplemental annual report is to the receiver or trustee empow	rue and accurate and tha rered to execute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made under oath: that

SIGNATURE:

IGNATURE AND TYPED OR PRATED NAME OF BIONING OFFICER OR DIRECTOR

1-20-97

704-277-9942

Day:me Phone #

FILED

Apr 10 1997 8:00am

Secretary of State