

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90419 003 ****61.25

DOCUMENT # 735675	
1. Entity Name LAKE CONLEY MOBILE HOME PARK CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 2020 KAHALA DR HOLIDAY, FL 34691	Mailing Address 2020 KAHALA DR HOLIDAY, FL 34691
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40060024



03112006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1677082	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SNOW, HUGH W 3823 LOMI LOMI DR HOLIDAY, FL 34691		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 _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P V. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKERRY, ELAINE	NAME	
STREET ADDRESS	3718 BYWATER DR	STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 34691	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Tr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, HARLEY	NAME	James W. Lodge
STREET ADDRESS	2132 WATERVIEW DR	STREET ADDRESS	2112 Maui Drive
CITY-ST-ZIP	HOLIDAY, FL 34691	CITY-ST-ZIP	Holiday, FL 34691
TITLE	D. <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSTEAD, GLENN	NAME	James Harmon
STREET ADDRESS	2113 OAHU DR	STREET ADDRESS	2132 Wailua Drive
CITY-ST-ZIP	HOLIDAY, FL 34691	CITY-ST-ZIP	Holiday FL 34691
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, HUGH W	NAME	Irvin Foltz
STREET ADDRESS	3823 LOMI LOMI DR	STREET ADDRESS	3835 Lomi Lomi Dr
CITY-ST-ZIP	HOLIDAY, FL 34691	CITY-ST-ZIP	Holiday, FL 34691
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERZI, SUE	NAME	Raymond Smythe
STREET ADDRESS	2100 KONA DR	STREET ADDRESS	3842 By Water Dr
CITY-ST-ZIP	HOLIDAY, FL 34691	CITY-ST-ZIP	Holiday, FL 34691
TITLE	V P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTETLE, JOHN	NAME	
STREET ADDRESS	3832 BYWATER DR	STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 34691	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James W. Lodge Treasurer 4/13/06 727-937-1773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #