



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90063 017 ****61.25

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|--|--|--|---|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 40057410  | |
| City & State | | City & State | | 03092007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-1677082 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SNOW, HUGH W 3823 LOMI LOMI DR HOLIDAY, FL 34691 | | | 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 <u>Hugh W Snow</u> 3-16-07 <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, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PV SKERRY, ELAINE 3718 BYWATER DR HOLIDAY, FL 34691 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JAMES HARMON 2132 WALLULA DR HOLIDAY FL 34691 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR LODGE, JAMES W 2132 WATERVIEW DR HOLIDAY, FL 34691 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOSEPHINE JONES 2048 MAUI DR HOLIDAY FL 34691 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARMON, JAMES 2132 WALLULA DRIVE HOLIDAY, FL 34691 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOHN VACHON 2117 KAHALA DR HOLIDAY FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FROTZ, IRVIN 3835 LOMI LOMI DR HOLIDAY, FL 34691 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROBERT KEAR 2116 MAUI DR HOLIDAY FL 34691 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMYTHE, RAYMOND 3842 FOSTER DR HOLIDAY, FL 34691 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DOYLE BARNES 3853 LOMI LOMI DR HOLIDAY FL 34691 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REINSTETLE, JOHN 3832 BYWATER DR HOLIDAY, FL 34691 | <input checked="" type="checkbox"/> Delete | | | |
| 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: <u>James Lodge</u> <u>Treasurer</u> 3-16-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small> | | | | | |