

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90009 001 \*\*\*\*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**

**40047750**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-1677082**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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~~

**MURIEL S. BURDITT**  
**2033 MANOA DR.**  
**HOLIDAY, FL 34691**

Name

**MURIEL S. BURDITT**

Street Address (P.O. Box Number is Not Acceptable)

**2033 MANOA DR.**

City

**HOLIDAY**

FL

Zip Code  
**34691**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> Delete
NAME	HARMEN, JAMES	
STREET ADDRESS	2132 WAILVA DR	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	TR	<input type="checkbox"/> Delete
NAME	LODGE, JAMES W	
STREET ADDRESS	2132 WATERVIEW DR	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOSEPH	
STREET ADDRESS	2048 MAUI DR	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	D	<input type="checkbox"/> Delete
NAME	VACHON, JOHN	
STREET ADDRESS	2117 KAHALA DR	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, ROBERT	
STREET ADDRESS	2116 MAUI DR	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNES, DOYLE	
STREET ADDRESS	3853 LOMI LOMI DR	
CITY-ST-ZIP	HOLIDAY, FL 34691	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN REINSTETLE	
STREET ADDRESS	3832 BYWATER DR.	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURIEL S. BURDITT	
STREET ADDRESS	2033 MANOA DR.	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPHINE JONES	
STREET ADDRESS	2048 MAUI DR.	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE SKERRY	
STREET ADDRESS	3718 BYWATER DR.	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY BROWN	
STREET ADDRESS	3753 LOMI LOMI DR.	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE BARNES	
STREET ADDRESS	3853 LOMI LOMI DR.	
CITY-ST-ZIP	HOLIDAY, FL 34691	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MURIEL S. BURDITT** (727) 939-2013

Date

Daytime Phone #