

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737136** (2)

1. Corporation Name

**LAKE HIGHLANDER MOBILE HOMEOWNERS ASSOCIATION, I
NC.**

Principal Place of Business

**1500 CR #1
LOT 155
DUNEDIN FL 34698
US**

Mailing Address

**1500 CR #1
LOT 155
DUNEDIN FL 34698-3935
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/25/1976

3a. Date of Last Report
03/26/1996

4. FEI Number
59-1741631

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHULTZ, THOMAS E.
1500 CR #1
LOT 155
DUNEDIN, FL 34698**

81 Name **PETERS, DESMOND J**
82 Street Address (P.O. Box Number is Not Acceptable) **#1**
83 **LOT 55**
84 City **DUNEDIN, FL** **85** Zip Code **34698**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

4 APRIL 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SHULTZ, THOMAS E	
STREET ADDRESS	1500 CR #1-LOT 155	
CITY-ST-ZIP	DUNEDIN, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	IVES, ROLLAND	
STREET ADDRESS	1500 CR #1, LOT 22	
CITY-ST-ZIP	DUNEDIN, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCANLAN, PATRICIA	
STREET ADDRESS	1500 CR #1, LOT 172	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, DESMOND	
STREET ADDRESS	1500 CR #1 - 55	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAURER, DONNA	
STREET ADDRESS	1500 CR #1 - 33	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIETOPSKI, MARY	
STREET ADDRESS	1500 CR #1 - 214	
CITY-ST-ZIP	DUNEDIN FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETERS, DESMOND J	
1.3 STREET ADDRESS	1500 CR #1-LOT 55	
1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
2.1 TITLE	V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TURNER, ROBERT	
2.3 STREET ADDRESS	1500 COUNTY RD #1 - LOT 171	
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERRY, WILLIAM	
3.3 STREET ADDRESS	1500 COUNTY RD #1 - 215	
3.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CROSS, ARTHUR	
4.3 STREET ADDRESS	1500 COUNTY RD #1 - 240	
4.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HOTTE, MARIE	
5.3 STREET ADDRESS	1500 COUNTY RD #1 - 215	
5.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BISAILON, ROBERT	
6.3 STREET ADDRESS	1500 COUNTY RD #1 - 38	
6.4 CITY-ST-ZIP	DUNEDIN, FL 34698	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

APR 11 1997 (S-2) 737136

CR2E037 (9/96)