

FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 10/25/1976
4. FEI Number 59-1741631
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1500 COUNTY ROAD #1	2a. Mailing Address 26 1500 COUNTY ROAD #1
Suite, Apt. #, etc. 22 LOT 55	Suite, Apt. #, etc. 27 LOT 55
City & State 23 DUNEDIN FL	City & State 28 DUNEDIN FL
Zip 24 34698	Country 25 US
Zip 29 34698	Country 30 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PETERS, DESMOND J 1500 COUNTY RD #1 LOT 55 DUNEDIN FL 34698	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME PETERS, DESMOND J	
STREET ADDRESS 1500 CR #1 LOT 55	
CITY-ST-ZIP DUNEDIN FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME TURNER, ROBERT	
STREET ADDRESS 1500 COUNTY RD #1 LOT 171	
CITY-ST-ZIP DUNEDIN FL	
TITLE T	<input type="checkbox"/> DELETE
NAME BERRY, WILLIAM	
STREET ADDRESS 1500 COUNTY RD #1-215	
CITY-ST-ZIP DUNEDIN FL	
TITLE S	<input type="checkbox"/> DELETE
NAME CROSS, ARTHUR	
STREET ADDRESS 1500 COUNTY RD #1-240	
CITY-ST-ZIP DUNEDIN FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HOTTE, MARIE	
STREET ADDRESS 1500 COUNTY RD #1-215	
CITY-ST-ZIP DUNEDIN FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BISAILLON, ROBERT	
STREET ADDRESS 1500 COUNTY RD #1-38	
CITY-ST-ZIP DUNEDIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Correction Spelling
2.3 STREET ADDRESS	Tucker Robert
2.4 CITY-ST-ZIP	1500 County Rd. 1 Lot 171
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Desmond J. Peters* 1/8/98 (812) 733-3126

CR2E037 (10/97)