

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F19340** (1)
1. Corporation Name
LADY LAKE MOBILE HOME PARK, INC.

Principal Place of Business EAST GRIFFIN VIEW ROAD PO BOX 546 LADY LAKE FL 32159-0546	Mailing Address EAST GRIFFIN VIEW ROAD PO BOX 546 LADY LAKE FL 32159-0546
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2934 Griffin View Drive Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 546 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/12/1981	
22 City & State 23 Lady Lake, FL Zip Country 24 32159 25 Lake		27 City & State 28 Lady Lake, FL Zip Country 29 32158 30 Lake		4. FEI Number 59-2082927 Applied For Not Applicable	
g. Name and Address of Current Registered Agent TAYLOR, L.E. 1029 W MAGNOLIA ST LEESBURG FL				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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, EDWIN	1.2 NAME	(X-Correction)
STREET ADDRESS	293 GRIFFINVIEW DRIVE	1.3 STREET ADDRESS	2934 Griffin View Drive
CITY-ST-ZIP	LADY LAKE FL	1.4 CITY-ST-ZIP	Lady Lake, FL 32159
TITLE	SDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, MILDRED	2.2 NAME	
STREET ADDRESS	DIST RD 1-7009	2.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, ALVIN LEE	3.2 NAME	
STREET ADDRESS	E GRIFFIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ed Moore* (Ed Moore) *1-22-98*

CR2E034 (10/97)