FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:33

DOCUMENT # H58105 (8)

1. Corporation Name
MAS VERDE OF LAKELAND MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2600 HARDEN BLVD. BOX #176 LAKELAND FL 33803-5927	2600 HARDEN BLVD. BOX #176 LAKELAND FL 33803-5927

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1985
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2645517 ☐ 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

NAMES, NOBERT
2600 HARDEN BLVD., # 120
LAKELAND FL 33803-5927

10. Name and Address of New Registered Agent

81 Name: DONALD E HENSELY
82 Street Address (P.O. Box Number is Not Acceptable): 2600 HARDEN BLVD.
83: BOX 83
84 City: LAKELAND FL 85 Zip Code: 33803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: Donald E. Hensely, Pres. DONALD E. HENSELY 3/10/95
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	D	11 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, KEN	12 NAME		
STREET ADDRESS	2600 HARDEN BLVD #213	13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☑ Change ☐ Addition
NAME	NAMES, NORBERT	22 NAME	DONALD E HENSELY	
STREET ADDRESS	2600 HARDEN BLVD. #120	23 STREET ADDRESS	2600 HARDEN BLVD, BOX 83	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	LAKELAND, FL. 33803	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	EISOLD VERA	32 NAME		
STREET ADDRESS	2600 HARDEN BLVD., # 65	33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	VD	☑ Change ☐ Addition
NAME	OAKLEY, GLADYS	42 NAME	WILLIAM SHAW	
STREET ADDRESS	2600 HARDEN BLVD.	43 STREET ADDRESS	2600 HARDEN BLVD, BOX 66	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	LAKELAND, FL. 33803	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	IWEN, GEORGE	52 NAME		
STREET ADDRESS	2600 HARDEN BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald E. Hensely DONALD E. HENSELY 3/10/95 (813)683-1832
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Telephone Number

0447010 FP