

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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H58105 (8)**  
1. Corporation Name  
**MAS VERDE OF LAKE LAND MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2600 HARDEN BLVD. BOX #176 LAKE LAND FL 33803-5927</b>	Mailing Address <b>2600 HARDEN BLVD. BOX #176 LAKE LAND FL 33803-5999</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/21/1985</b>	3a. Date of Last Report <b>02/09/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2645517</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LOUIE, CHARLES 2600 HARDEN BLVD BOX 130 LAKE LAND FL 33803</b>		10. Name and Address of New Registered Agent 81. Name <b>FRED CAMERON</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>2600 HARDEN BLVD LOT 157</b> 83. <b>MAS VERDE M.H. EST</b> 84. City <b>LAKE LAND</b> FL 85. Zip Code <b>33803</b>	
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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 **FRED CAMERON, PRES** (NOTE: Registered Agent signature required when changing) DATE **1/10/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUIE, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>2600 HARDEN BLVD, LOT 130</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMERON, FRED</b>	2.2 NAME	
STREET ADDRESS	<b>2600 HARDEN BLVD, LOT 157</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHHEIM, OLGA</b>	3.2 NAME	<b>NAMES, NORBERT</b>
STREET ADDRESS	<b>2600 HARDEN BLVD, LOT 73</b>	3.3 STREET ADDRESS	<b>2600 HARDEN BLVD, LOT 120</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	3.4 CITY-ST-ZIP	<b>LAKE LAND, FLA. 33803</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>2600 HARDEN BLVD, BOX 66</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEMBER, PEMPER M.</b>	5.2 NAME	<b>WARR, MARGARET</b>
STREET ADDRESS	<b>2600 HARDEN BLVD, LOT 149</b>	5.3 STREET ADDRESS	<b>2600 HARDEN BLVD, LOT 248</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	5.4 CITY-ST-ZIP	<b>LAKE LAND, FLA. 33803</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **M. PEMBER NEWBERRY** DATE **1/10/97** DAYTIME PHONE **941-682-6903**

CR2E034 (9/96)