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

APPROVED AND FILED
95 APR 17 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J07640 (2)

1. Corporation Name
LAKE GLENADA MOBILE HOME OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
513 BASS LANE AVON PARK FL 33825	513 BASS LANE AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1986
3a. Date of Last Report: 03/28/1994

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

4. FEI Number: 59-2811949 ☐ 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

SHIPLEY, CAROL
513 BASS LANE
AVON PARK FL 33825

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D Jess Nevis	☒ Change ☐ Addition
NAME	TAVERNIER, LASTER	1.2 NAME	518 Sandy Ln	
STREET ADDRESS	524 BASS LANE	1.3 STREET ADDRESS	Avon Park, Fl. 33825	
CITY-ST-ZIP	AVON PARK FL.	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V James Wagner	☒ Change ☐ Addition
NAME	RIDDLE, KEITH	2.2 NAME	547 Bass Ln	
STREET ADDRESS	535 BASS LN	2.3 STREET ADDRESS	Avon Park, Fl 33825	
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D McCollum, Mary	☐ Change ☐ Addition
NAME	MCCOLLUM, MARY	3.2 NAME	519 Sandy Ln	
STREET ADDRESS	519 SANDY LN	3.3 STREET ADDRESS	Avon Park Fl 33825	
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE	ST Shipley Carol	☐ Change ☐ Addition
NAME	SHIPLEY, CAROL	4.2 NAME	513 Bass Ln	
STREET ADDRESS	513 BASS LANE	4.3 STREET ADDRESS	Avon Park, Fl 33825	
CITY-ST-ZIP	AVON PARK FL 33825	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE	P Riddle, Keith	☒ Change ☐ Addition
NAME	THAMAN, FRANK	5.2 NAME	535 Bass Ln	
STREET ADDRESS	505 BASS LANE	5.3 STREET ADDRESS	Avon Park, Fl 33825	
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Carol Shipley 4-10-95 813-453-5032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

03/16/95 CP