FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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
519 Sandy Lane Avon Park, Fl. 33825	519 Sandy Lane Avon Park, Fl. 33825

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/04/1986**

3a. Date of Last Report: **04/17/1995**

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: McCollum, Mary I.
82 Street Address (P.O. Box Number is Not Acceptable): 519 Sandy Lane
83
84 City: Avon Park, Fl. **FL** 85 Zip Code: 33825

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: Mary L. McCollum - Sec.-Treas. Mary L. McCollum 4-8-96
(Signature, Type or Print Name and Title of Officer) (Signature of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MOVIS~~, JEFF 518 SANDY LANE AVON PARK FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Alternate D Hovis, Jeff (same)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WAGNER, AJMES 547 BASS LANE AVON PARK FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	President Wagner, James (same)	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOLLUM, MARY 519 SANDY LANE AVON PARK FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Sec.-Treas Mary McCollum (same)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ~~SHIPLEY, CAROL~~ ~~513 BASS LANE~~ ~~AVON PARK FL~~	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Vice-President Muske, Arnold 512 Bass Lane Avon Park, Fl.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIDDLE KEITH 535 BASS LANE AVON PARK FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Alternate D Riddle, Keith	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Mary L. McCollum Mary L. McCollum - Sec. - Treas. 4-8-96 941-453-7459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)