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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

519 SANDY LANE  
AVON PARK FL 33825  
US

519 SANDY LANE  
AVON ARK FL 33825-7872  
US

3. Date Incorporated or Qualified

04/04/1986

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

MCCOLLUM, MARY L.  
519 SANDY LANE  
AVON PARK FL 33825

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	HOVIS, JEFF	518 SANDY LANE AVON PARK FL		<input checked="" type="checkbox"/>
P	WAGNER, JAMES	547 BASS LANE AVON PARK FL		<input checked="" type="checkbox"/>
ST	MCCOLLUM, MARY	519 SANDY LANE AVON PARK FL		<input type="checkbox"/>
VP	MUSKE, ARNOLD	512 BASS LANE AVON PARK FL		<input checked="" type="checkbox"/>
D	RIDDLE KEITH	535 BASS LANE AVON PARK FL		<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	1.5 DELETE	1.6 CHANGE	1.7 ADDITION
D	Hunter, Gary	538 Bass Lane Avon Park, FL		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Muske, Arnold	512 Bass Lane Avon Park, FL		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Same				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	Thaman, Frank	505 Bass Lane Avon Park, FL		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Wagner, James	547 Bass Lane Avon Park, FL		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Mary L. McCollum, Sec. Treas.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)