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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
519 SANDY LANE
AVON PARK FL 33825
US

Mailing Address
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	4. FEI Number 59-2811949	Applied For <input type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	HOVIS, JEFF 518 SANDY LANE AVON PARK FL	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME Hunter, Gary	
STREET ADDRESS		1.3 STREET ADDRESS 538 Bass Lane	
CITY - ST - ZIP		1.4 CITY - ST - ZIP Avon Park, Fl	
TITLE P	WAGNER, JAMES 547 BASS LANE AVON PARK FL	2.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Muske, Arnold	
STREET ADDRESS		2.3 STREET ADDRESS 512 Bass Lane	
CITY - ST - ZIP		2.4 CITY - ST - ZIP Avon Park, Fl.	
TITLE ST	MCCOLLUM, MARY 519 SANDY LANE AVON PARK FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Same	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE VP	MUSKE, ARNOLD 512 BASSLANE AVON PARK FL	4.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Thaman, Frank	
STREET ADDRESS		4.3 STREET ADDRESS 505 Bass Lane	
CITY - ST - ZIP		4.4 CITY - ST - ZIP Avon Park, Fl.	
TITLE D	RIDDLE KEITH 535 BASS LANE AVON PARK FL	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Wagner, James	
STREET ADDRESS		5.3 STREET ADDRESS 547 Bass Lane	
CITY - ST - ZIP		5.4 CITY - ST - ZIP Avon Park, Fl.	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.** *Mary L. McCollum*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3-3-97**
 Daytime Phone #

CR2E034 (9/96)