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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90086 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07640

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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MCCOLLUM, MARY L.
519 SANDY 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **RIDDLE, KEITH**
STREET ADDRESS **535 BASS LN**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **P** ☒ DELETE
NAME **MUSKE, ARNOLD**
STREET ADDRESS **512 BASS LANE**
CITY-ST-ZIP **AVON PARK FL**

TITLE **ST** ☐ DELETE
NAME **MCCOLLUM, MARY**
STREET ADDRESS **519 SANDY LANE**
CITY-ST-ZIP **AVON PARK FL**

TITLE **VP** ☒ DELETE
NAME **HUNTER, GARY**
STREET ADDRESS **538 BASS LN**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☒ DELETE
NAME **WAGNER, JAMES**
STREET ADDRESS **547 BASS LANE**
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Arnold Muske**
1.3 STREET ADDRESS **512 Bass Lane**
1.4 CITY-ST-ZIP **Avon Park, FL 33825**

2.1 TITLE **President** ☐ Change ☒ Addition
2.2 NAME **Gary Hunter**
2.3 STREET ADDRESS **547 Bass Lane**
2.4 CITY-ST-ZIP **Avon Park - FL 33825**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **Some**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Vice President** ☐ Change ☒ Addition
4.2 NAME **Morris Stewart**
4.3 STREET ADDRESS **538 Bass Lane**
4.4 CITY-ST-ZIP **Avon Park - FL 33825**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Bill West**
5.3 STREET ADDRESS **549 Bass Lane**
5.4 CITY-ST-ZIP **Avon Park - FL 33825**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Mary L. McCollum (Mary L. McCollum)

1-19-99

(941) 453-7459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)