

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J07640

1. Entity Name

LAKE GLENADA MOBILE HOME OWNERS ASSOCIATION, INC

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90184 043 ***150.00

Principal Place of Business

Mailing Address

519 SANDY LANE
 AVON PARK FL 33825
 US

519 SANDY LANE
 AVON ARK FL 33825-7872
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2811949**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Schilling, Peggy

Street Address (P.O. Box Number is Not Acceptable)

519 SANDY LANE

City

AVON PARK

FL

Zip Code

33825

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Peggy V. Schilling

Secy/Treas

4-25-00

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

(NOTE: Registered agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MUSKE, ARNOLD**
 CITY-ST-ZIP **512 BASS LANE**
AVON PARK FL 33825

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **STEWART, MORRIS**
 CITY-ST-ZIP **520 BASS LANE**
AVON PARK, FL 33825

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **HUNTER, GARY**
 CITY-ST-ZIP **547 BASS LANE**
AVON PARK FL 33825

TITLE ☒ Change ☐ Addition
 NAME **VP**
 STREET ADDRESS **HUNTER, GARY**
 CITY-ST-ZIP **547 BASS LANE**
AVON PARK, FL 33825

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

TITLE ☐ Change ☐ Addition
 NAME **ST**
 STREET ADDRESS **Schilling, Peggy**
 CITY-ST-ZIP **519 SANDY LANE**
AVON PARK, FL 33825

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **STEWART, MORRIS**
 CITY-ST-ZIP **520 BASS LANE**
AVON PARK FL 33825

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **LAWSON, IRVING**
 CITY-ST-ZIP **516 BASS LANE**
AVON PARK, FL 33825

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WEST, BILL**
 CITY-ST-ZIP **529 BASS LANE**
AVON PARK FL 33825

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Simms, Doug**
 CITY-ST-ZIP **501 BASS LANE**
AVON PARK, FL 33825

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Peggy V. Schilling

4-25-00

863-452-2074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)