

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90005 021 \*\*\*150.00

0629543

**DOCUMENT # J07640**

1. Entity 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 PARK FL 33825  
 US PARK

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2811949**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*schilling*  
**SCHILLING, PEGGY**  
 519 SANDY LANE  
 AVON PARK FL 33825

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, MORRIS</b>	
STREET ADDRESS	<b>520 BASS LANE</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HUNTER, GARY</b>	
STREET ADDRESS	<b>547 BASS LANE - 538 BASS LANE</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SCHILLING, PEGGY</b>	
STREET ADDRESS	<b>519 SANDY LANE</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAWSON, IRVING</b>	
STREET ADDRESS	<b>516 BASS LANE</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMMS, DOUG</b>	
STREET ADDRESS	<b>501 BASS LANE</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Schilling*  
**SCHILLING, PEGGY, ST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

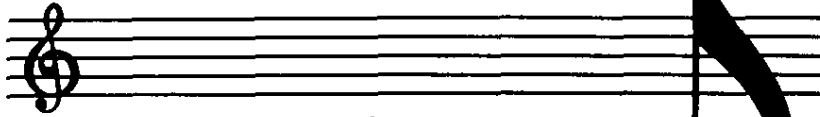
4-14-01 863-452-2079

CR2E034 (10/00)

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*Just a Note from*



All office positions  
are the same as last  
year - no change.  
However, please make  
all corrections on  
form that are input  
errors from your  
office.  
Thank you.