

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90002 041 ***150.00

DOCUMENT # J07640 1. Entity Name LAKE GLENADA MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 519 SANDY LAKE AVON PARK, FL 33825 US			Mailing Address 519 SANDY LAKE AVON PARK, FL 33825 US		
2. Principal Place of Business		3. Mailing Address			
Sub. Apt. #, etc. 529 BASS LANE		Sub. Apt. #, etc. 529 BASS LANE			
City & State AVON PARK FL		City & State AVON PARK FL			
Zip 33825		Country USA		Zip 33825	
Country USA		Country USA			
4. FEI Number 59-2811949			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GRAY, NANCY 529 BASS LANE AVON PARK, FL 33325			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, MORRIS 520 BASS LANE AVON PARK, FL 33825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENVENUTI, DONALD 508 BASS LANE AVON PARK, FL 33825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NANCY, GRAY 529 SA 59 LANE AVON PARK, FL 33825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 529 BASS LANE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, IRVING 516 BASS LANE AVON PARK, FL 33825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMS, DOUG 501 BASS LANE AVON PARK, FL 33825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nancy Gray</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-13-04 Date		
Daytime Phone #					