

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90064 038 ***150.00

DOCUMENT # J07640

1. Entity 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**



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **GRAY, NANCY**
Street Address (P.O. Box Number is Not Acceptable)
519 BASS 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NANCY GRAY**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-13-03**

FILE NOW!!! FEE IS \$150.00
After May-1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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

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

TITLE **VP** ☐ Change ☐ Addition
NAME **BENVENUTI, DONALD**
STREET ADDRESS **508 BASS LANE**
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **ST** ☐ Delete
NAME **NANCY, GRAY**
STREET ADDRESS **529 SA 59 LANE**
CITY-ST-ZIP **AVON PARK FL 33825**

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

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

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

TITLE **D** ☐ Delete
NAME **SIMMS, DOUG**
STREET ADDRESS **501 BASS LANE**
CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CR2E034 (10/02)

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: **NANCY GRAY REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13, 03

Date

Daytime Phone #