FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J15985** (1)

1. Corporation Name

LAKE COMO MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O WILLIAM A DOENGES
20500 COT RD 109
LUTZ FL 33549

Mailing Address

C/O WILLIAM A DOENGES
20500 COT RD 109
LUTZ FL 33549

3. Date Incorporated or Qualified: **05/20/1986**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **NOT APPLICABLE** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

DOENGES, WILLIAM A
20500 COT RD 109
LUTZ FL 33549

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DOENGES, WILLIAM A	
STREET ADDRESS	20500 COT RD 109	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	☐ DELETE
NAME	DOYLE, DOTTIE	
STREET ADDRESS	20500 COT RD 201	
CITY-ST-ZIP	LUTZ FL	
TITLE	SD	☑ DELETE
NAME	HOYLMAN, DIANNA	
STREET ADDRESS	20500 COT RD 454	
CITY-ST-ZIP	LUTZ FL	
TITLE	TD	☐ DELETE
NAME	KLAP, DOROTHY	
STREET ADDRESS	20500 COT RD 523	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	☐ DELETE
NAME	SCHULZ, HEINZ	
STREET ADDRESS	20500 COT RD #503	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	☐ DELETE
NAME	PADGETT, LORINE	
STREET ADDRESS	20500 COT RD, #314	
CITY-ST-ZIP	LUTZ FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	☑ Change ☐ Addition
3.2 NAME	Alma Haldeman	
3.3 STREET ADDRESS	20500 Cot Rd. #358	
3.4 CITY-ST-ZIP	Lutz, Fl. 33549	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William A. Doenges President — 2-7-96 — 813-949-7982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)