


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N06198** (8)
1. Corporation Name
LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC



Principal Place of Business C/O LOUISE MANN 1800 E. GRAVES AVE., LOT 150 ORANGE CITY FL 32763	Mailing Address C/O LOUISE MANN 1800 E. GRAVES AVE., LOT 150 ORANGE CITY FL 32763
---	---

3. Date Incorporated or Qualified 11/15/1984	
4. FEI Number 59-2994572	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 DALE MAXWELL Suite, Apt. #, etc. 22 1800 E. Graves Ave Lot # 161 City & State 23 Orange City, Fl Zip 24 32763	2a. Mailing Address 25 Myra A. Thomas Suite, Apt. #, etc. 27 Lot #159 City & State 28 Orange City, Fl Zip 29 32763 30 Volusia
--	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HOOKE, MAE 1800 E GRAVES AVENUE LOT 29 ORANGE CITY FL 32763	10. Name and Address of New Registered Agent 81 Name Myra A. Thomas 82 Street Address (P.O. Box Number is Not Acceptable) 1800 E. Graves Ave. Lot 159 83 City Orange City FL 85 Zip Code 32763
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Myra A. Thomas* **4-3-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ST/D <input checked="" type="checkbox"/> DELETE NAME MYRA, THOMAS STREET ADDRESS 1800 E GRAVES AVE LOT 159 CITY-ST-ZIP ORANGE CITY FL	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/D Myra A. Thomas 1.2 NAME 1.3 STREET ADDRESS 1800 E. Graves Ave. Lot 159 1.4 CITY-ST-ZIP Orange City, Fl. 32763
TITLE D <input checked="" type="checkbox"/> DELETE NAME BOCKSTAHLER, JOHN STREET ADDRESS 1800 E GRAVES AV #147 CITY-ST-ZIP ORANGE CITY FL	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/O Dale Maxwell 2.2 NAME 2.3 STREET ADDRESS 1900 E. Graves Ave. Lot 161 2.4 CITY-ST-ZIP Orange City, Fl. 32763
TITLE D <input checked="" type="checkbox"/> DELETE NAME WILLIAMEE, BEN STREET ADDRESS 1800 E GARVES AVE LOT 180 CITY-ST-ZIP ORANGE CITY FL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Clint Swank 3.2 NAME 3.3 STREET ADDRESS 1800 E. Graves Ave. Lot #4 3.4 CITY-ST-ZIP Orange City, Fl. 32763
TITLE D <input checked="" type="checkbox"/> DELETE NAME JULIE BAILEY STREET ADDRESS 1800 E GRAVES AVE LOT 146 CITY-ST-ZIP ORANGE CITY FL	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V-P/O Julia Bailey 4.2 NAME 4.3 STREET ADDRESS 1800 E. Graves Ave Lot #146 4.4 CITY-ST-ZIP Orange City, Fl 32763
TITLE P <input checked="" type="checkbox"/> DELETE NAME MANN, LOUISE STREET ADDRESS 1800 E GRAVES AVE #150 CITY-ST-ZIP ORANGE CITY FL	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Nan Roy 5.2 NAME 5.3 STREET ADDRESS 1800 E. Graves Ave Lot #156 5.4 CITY-ST-ZIP Orange City, Fl 32763
TITLE D <input checked="" type="checkbox"/> DELETE NAME CARIGNAN, FLORENCE STREET ADDRESS 1800 E GRAVES AV #158 CITY-ST-ZIP ORANGE CITY FL	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Florence Carignan 6.2 NAME 6.3 STREET ADDRESS 1800 E. Graves Ave. Lot #158 6.4 CITY-ST-ZIP Orange City, Fl 32763

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Myra A. Thomas* **MYRA A. THOMAS 4-3-98 904-774-7247**

CR2E037 (10/97)