

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90075 012 ****61.25

DOCUMENT # NO6198 ✓ ok NO6198

1. Corporation Name

Land O'Lakes Mobile Home Owner's Assoc., Inc.

Principal Place of Business

Mailing Address

Lorman D. Maxwell/
1800 E Graves Ave, Lt 161
Orange City, FL 32763

Myra A. Thomas
1800 E Graves Lot 159
Orange City, FL 32763

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/15/84

22 City & State

27 City & State

4. FEI Number

Applied For

59-29945 72

Not Applicable

23 Zip

28 Zip

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Country

29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Myra A. Thomas
1800 E. Graves, LOT 159
Orange City, FL 32763

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 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 Myra A. Thomas, Treasurer April 27, 1999
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 ☐ DELETE
NAME President/Director
STREET ADDRESS Lorman D. Maxwell
CITY-ST-ZIP 1800 E Graves Ave LOT 161
Orange City, FL 32763

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Vice-President/Director
STREET ADDRESS Julia Bailey
CITY-ST-ZIP 1800 E. Graves - LOT 146
Orange City, FL 32763

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Treasurer/Director
STREET ADDRESS Myra A. Thomas
CITY-ST-ZIP 1800 E. Graves LOT 159
Orange City FL 32763

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Secretary
STREET ADDRESS Norma B' Guy
CITY-ST-ZIP 1800 E. Graves Ave LOT 142
Orange City, FL 32763

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Director
STREET ADDRESS Clinton Swank
CITY-ST-ZIP 1800 E. Graves LOT 4
Orange City, FL 32763

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Director
6.3 STREET ADDRESS James Tuttle
6.4 CITY-ST-ZIP 1800 E Graves LOT 68
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, with all other like empowered.

SIGNATURE: Myra A. Thomas Myra A. Thomas, TTD April 27, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)