

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06198

1. Entity Name

LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90002 033 ****61.25

Principal Place of Business	Mailing Address
LORMAN D. MAXWELL 1800 E GRAVES AVE. LT 161 ORANGE CITY FL 32763 US	MYRA A. THOMAS 1800 E GRAVES. LOT 159 ORANGE CITY FL 32763-5620 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Joseph J. Dachisen Suite, Apt. #, etc. Lot #166		1800 E. Graves Ave. Suite, Apt. #, etc.	
City & State ORANGE City, FL		City & State	
Zip 32763-5620	Country Volusia	Zip	Country

4. FEI Number 59-2994572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, MYRA A 1800 E GRAVES AVENUE LOT 159 ORANGE CITY FL 32763	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, MYRA 1800 E GRAVES AVE LOT 159 ORANG CITY FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXWELL, LORMAN D 1800 E GRAVES AVE, LOT 161 ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph Dachisen 1800 E. Graves Ave. Lot #166 Orange City, Fl. 32763 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANK, CLINT 1800 E GRAVES AVE., LOT #4 ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sue Cornman 1800 E. Graves Ave. Lot #091 Orange City, Fl. 32763 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, JULIA 1800 E GRAVES AVE LOT 146 ORANGE CITY FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUY, NORMA B 1800 E GRAVES, LOT 142 ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Beverly Dachisen 1800 E. Graves Ave. Lot #166 Orange City, Fl. 32763 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTTLE, JAMES 1800 E GRAVES, LOT 68 ORANGE CITY FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Myra A. Thomas 4-14-00 774-7247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)