

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90076 003 \*\*\*\*61.25

**DOCUMENT # N06198**

1. Entity Name

**LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC**

Principal Place of Business

**Sue Cornman**  
**JOSEPH J. DACHISEN**  
1800 E GRAVES AVE LOT #166 91  
ORANGE CITY FL 32763-5620  
US

Mailing Address

**JAMES TUTTLE**  
**MYRA A. THOMAS**  
1800 E GRAVES. LOT 159 68  
ORANGE CITY FL 32763  
US

00000048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1800 E GRAVES AVE.**  
Suite, Apt. #, etc.  
**LOT 91**

3. Mailing Address

**1800 E GRAVES AVE**  
Suite, Apt. #, etc.  
**LOT 68**

City & State

**ORANGE CITY, FL**

City & State

**ORANGE CITY, FL**

4. FEI Number

**59-2994572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JAMES TUTTLE**  
**THOMAS, MYRA A**  
1800 E GRAVES AVENUE  
LOT 159 68  
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name  
**TUTTLE JAMES**  
Street Address (P.O. Box Number is Not Acceptable)  
**1800 E GRAVES AVE. LOT 68**  
**ORANGE CITY**  
City  
**FL** Zip Code  
**32763**

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 **JAMES TUTTLE**  
Signature, typed or printed name of registered agent and title if applicable.

**James S. Tuttle**  
(NOTE: Registered Agent signature required when reinstating)

**1-10-01**  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, MYRA 1800 E GRAVES AVE LOT 159 ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DACHISEN, JOSEPH 1800 E GRAVES AVE LOT #166 ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNMAN, SUE 1800 E GRAVES AVE LOT #091 ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
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	S DACHISEN, BEVERLY 1800 E GRAVES AVE LOT #166 ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTTLE, JAMES 1800 E GRAVES, LOT 68 ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUTTLE, JAMES 1800 E GRAVES AVE. LOT 68 ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORNMAN SUE 1800 E GRAVES AVE LOT 91 ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYRES, LLOYD 1800 E GRAVES AVE. LOT 138 ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAXWELL, DALE 1800 E GRAVES AVE. LOT 161 ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, MARIE 1800 E GRAVES AVE. LOT 179 ORANGE CITY, FL 32763	<input checked="" 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: **JAMES TUTTLE** **SIGNATURE REQUIRED** **James S. Tuttle** **1-10-01** **904 775 9434**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)