

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06198

1. Entity Name

LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90021 050 \*\*\*\*61.25

0061095

Principal Place of Business <b>Jane Abraham</b> 1800 E GRAVES AVE LOT 91 ORANGE CITY FL 32763 US		Mailing Address <b>James Tuttle</b> 1800 E GRAVES AVE LOT 68 ORANGE CITY FL 32763 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business <b>1800 E Graves Ave</b> Suite, Apt. #, etc. <b>lot 131</b> City & State <b>Orange City, FL</b> Zip <b>32763</b> Country <b>USA</b>		3. Mailing Address <b>1800 E Graves Ave</b> Suite, Apt. #, etc. <b>lot 68</b> City & State <b>Orange City, FL</b> Zip <b>32763</b> Country <b>USA</b>		4. FEI Number <b>59-2994572</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>Jane Abraham</b> <del>JAMES TUTTLE</del> 1800 E GRAVES AVENUE LOT 131 ORANGE CITY FL 32763				7. Name and Address of New Registered Agent Name <b>Jane P. Abraham</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 E. Graves Avenue lot 131</b> <b>Orange City</b> City <b>FL</b> Zip Code <b>32763</b>	
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 <b>Jane P. Abraham</b> Signature, typed or printed name of registered agent and title if applicable.		<b>Jane P. Abraham</b> (NOTE: Registered Agent signature required when reinstating)		DATE <b>1/26/02</b>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<b>TX T.</b> <b>TUTTLE, JAMES</b> <b>1800 E GRAVES AVE LOT 68</b> <b>ORANGE CITY FL 32763</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>Abraham, Jane</b> <b>1800 E Graves Ave lot 131</b> <b>Orange City, FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CORNMAN, SUE</b> <b>1800 E GRAVES AVE LOT 91</b> <b>ORANGE CITY FL 32763</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Vincent Rulf</b> <b>1800 E Graves Ave lot 117</b> <b>Orange City, FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AYRES, LLOYD</b> <b>1800 E GRAVES AVE LOT 138</b> <b>ORANGE CITY FL 32763</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Julia Bailey</b> <b>1800 E Graves Ave Lot 146</b> <b>Orange City, FL 32763</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BAILEY, JULIA</b> <b>1800 E GRAVES AVE LOT 146</b> <b>ORANGE CITY FL 32763</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frank Haley</b> <b>1800 E Graves Ave Lot 172</b> <b>Orange City, FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MAXWELL, DALE</b> <b>1800 E GRAVES AVE LOT 161</b> <b>ORANGE CITY FL 32763</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mary Ann Brindisi</b> <b>1800 E Graves Ave lot 145</b> <b>Orange City FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSARIO, MARIE</b> <b>1800 E GRAVES AVE LOT 179</b> <b>ORANGE CITY FL 32763</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frances MacGregor</b> <b>1800 E Graves Ave lot 69</b> <b>Orange City Fla 32763</b>	<input type="checkbox"/> Change <input checked="" 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: **Jane P. Abraham** 1/26/02 774-8693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)