

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90051 024 \*\*\*\*61.25

**DOCUMENT # N06198**

1. Entity Name

LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

1800 E GRAVES AVE  
ORANGE CITY FL 32763  
US

Mailing Address

WALTER HELTON  
1800 GRAVES AVE LOT 133  
ORANGE CITY FL 32763  
US

2. Principal Place of Business

1800 E. GRAVES AVE  
Suite, Apt. #, etc.  
LOT 133

3. Mailing Address

1800 E. GRAVES AVE.  
Suite, Apt. #, etc.  
LOT 133

City & State

ORANGE CITY, FL  
Zip  
32763  
Country  
USA

City & State

ORANGE CITY, FL  
Zip  
32763  
Country  
USA



MOORE CR2E037 (11/03)

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

HELTON, WALTER  
1800 E GRAVES AVENUE  
LOT 133  
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name: WALTER HELTON  
Street Address (P.O. Box Number is Not Acceptable):  
1800 E. GRAVES AVE  
LOT 133  
City: ORANGE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

WALTER HELTON

2-20-04

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	TUTTLE, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1800 E GRAVES AVE LOT 68 ORANGE CITY FL 32763	
TITLE NAME	PD HELTON, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1800 EAST GRAVES AVE. LOT 133 ORANGE CITY FL 32763	
TITLE NAME	VD ABRAHAM, JANE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1800 EAST GRAVES AVE. LOT 131 ORANGE CITY FL 32763	
TITLE NAME	AT EDGAR, ELIZABETH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1800 EAST GRAVES AVE. LOT 123 ORANGE CITY FL 32763	
TITLE NAME	S MAXWELL, DALE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1800 E GRAVES AVE LOT 161 ORANGE CITY FL 32763	
TITLE NAME	D MACGREGOR, FRANCES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1800 E GRAVES AVE LOT 69 ORANGE CITY FL 32763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	S VIRGINIA GAILSTONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1800 E. GRAVES AVE, LOT 112 ORANGE CITY, FL 32763	
TITLE NAME	D KENNETH WEBB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1800 E. GRAVES AVE, LOT 44 ORANGE CITY, FL 32763	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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: WALTER HELTON WALTER HELTON 2-20-04 386-7750743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #