## **MOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90053 043 \*\*\*\*61.25

DOCUMENT	~# <sub>(</sub>	NO	519	R
4 Catha Nama				

1. Entity Name

LAND O'LAKES MOBILE HOME OWNERS



1	ASSOCIATION, INC.						
	DO NOT WF	RITE IN THIS S	SPACE	4005049	Û		
	Principal Place of Business 3. Mailing Address		······································	=			
	1800 EAST GRAVES AVE WALTER HEL		LTON				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NO	T WRITE IN THIS SPACE		
		EZ AVE LOT 133					
ORAN	_	1 '	City & State  ORANGE CITU FL		Applied		
Zip	Country	Zip	Country	5 Certificate of Status Posited S8.75 Additional			
3276	3 U.S.A.	32763	N.2.W	5. Certificate of Status Des	Fee Required	•	
				7. Name and Address of C	rrent Registered Agent		
			Name W F	ILTER HELTO	N		
Street Address			(P.O. Box Number is Not Acceptable)				
	IN THIS	SPACE	180	3VA 23VA A-3.3			
	114 11113	OFACE	LOT	133			
4.	- · · · · · · · · · · · · · · · · · · ·			NGE CITY	FL Zip Code 32763		
8. The above	named entity submits this stations of registered agent.	atement for the purpose of changing	its registered office or regist	tered agent, or both, in the state	of Florida. I am familiar with, and a	ccept	
inc obligat	a series						
	11/1/	14 /			4-4-05		
SIGNATURE	Signature, typed or printed name of regr	stered agent and title if applicable. (N	OTE: Registered Agent signature requi	<u> </u>	4-4-03	_	
and the second	organical, types or provide the fact of logi	solid again the file ii apprease. (14	OTE. Hegistered Agent algebras requi	red when remistancy	DATE		
	FEE IS \$61.25 Initial or Amended UE	ウン野海	Campaign Financing  Discontribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State	9	
10.	OFFICERS	S AND DIRECTORS	1	Marine Control of the Allendar	The state of the s		
TITLE	T		TITLE				
NAME	T. TT. C TAM	5 K .	NAME				
STREET ADDRESS	INOUT GANG	82 to Lorus Lot 68	STREET ADDRESS				
CITY-ST-ZIP	ORANGE CIT	ES 2 Avanua Lot 68 54 FL 32763	CITY-ST-ZIP	Eth Antique			
TITLE	99	-	TITLE	was programmed and the second		5	
NAME Street Address	HELTON, WALT 1800 E. GRAVE	EK # 122	NAME	E			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	ORANGE CTI 4, FL 32163				Section Sectio		
NAME	i=		TITLE	The state of the s			
- STREET ADDRESS-			"STREET ADDRESS"	The second secon			
CITY-ST-ZIP	ORANGE CITY FL 32763		CITY-ST-ZIP °	DO NOT WRITE			
TITLE	SO		TITLE	INI TLUI	CDACE		
NAME	STONE, GAIL	TONE GAIL NAME		IN THIS SPACE			
STREET ADDRESS	1800 E. GRAVE	211 TO - 3VA 2	STREET ADORESS	*			
CITY-ST-ZIP	ORANGE CITY	FL 32763	CITY-ST-ZIP				
TITLE	CHur. 1511	•• • • •	TITLE		5		
NAME STREET ADDRESS	CHUCK LEHMAN DDRESS 1800 E. GRAVES AVE # 165		NAME STREET ADDRESS		л		
CITY-ST-ZIP	ORANGE CIT	• •	CITY-ST-ZIP		14 E	}	
TITLE	D.	4 1-1- 3 A 163	TITLE				
NAME	JAQUAS, BOI	3	NAME	L. Alteriation			
STREET ADDRESS	1800 E GRAVE	0 FI TO 1 3UA 2	STREET ADDRESS	c c			
CITY-ST-ZIP	ORANGE CIT	y FL 32763	CITY-ST-ZIP	•			
12 I hereby o	sortify that the information euro	plied with this filing does not qualify.	for the exemption stated in t	Section 119 07/3\(i) Florida Sta	tuton. I further partiful that the inform	antion	

indicated on this report or supplied with this filling 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 suppliemental 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 on an attachment with an address, with all other like empowered.

TER HELTAN 4-4-05 286-775 ,0747

## ATTACHMENT 40050490 Document #N06198 Block 10 Additional Names:

D McElway,Magaret 1800 E.Graves Ave. Lot#100 Orange City,FL 32763

D Shukla,Jay 1800 E.Graves Ave. Lot#169 Orange City,FL 32763

D Lauer, Elsie 1800 E. Graves Ave. Lot#180 Orange City, FL 32763