

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 028 ****61.25

DOCUMENT # N06198					
1. Entity Name LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 1800 EAST GRAVES AVE ORANGE CITY, FL 32763 US			Mailing Address WALTER HELTON 1800 E GRAVES AVE, LOT 133 ORANGE CITY, FL 32763 US		
2. Principal Place of Business		3. Mailing Address JAMES SHEAHAN			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1800 E GRAVES #34			
City & State		City & State ORANGE CITY FL		4. FEI Number 59-2994572	
Zip		Country 32763 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEAHAN, JAMES 1800 E GRAVES AVENUE LOT 34 ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUTTLE, JAMES 1800 E GRAVES AVE LOT 68 ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEHMAN, CHARLES 885 CAYUGA TR. MARENGO, IL 60152 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELTON, WALTER 1800 EAST GRAVES AVE. LOT 133 ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRANG, MAL 1800 E. GRAVES AVE, LOT 50 ORANGE CITY, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABRAHAM, JANE 1800 EAST GRAVES AVE. LOT 131 ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLIVER, CHARLES 1800 E. GRAVES AVE, LOT 142 ORANGE CITY, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT EDGAR, ELIZABETH 1800 EAST GRAVES AVE. LOT 123 ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLEY, SUZANN 1800 E. GRAVES AVE, LOT 94 ORANGE CITY, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, VIRGINIA GAIL 1800 E GRAVES AVE LOT 112 ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCELWEE, MARGARET 1800 E. GRAVES AVE, LOT 128 ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, KENNETH 1800 E. GRAVES AVE, LOT 44 ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JEANNIE 1800 E. GRAVES AVE, LOT 48 ORANGE CITY, FL 32763 <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 exemptions contained in Chapter 119, 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: CHARLES LEHMAN: <i>Charles Lehman</i>			2-21-06 386-775-8518		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40021897

ATTACHMENT

Document #N06198

Block 10: Additional Names

D

Shukla, Jay

1800 E. Graves Ave. Lot #169

Orange City, FL 32763

Lauer, Elsie (listed on last year's attachment)
should be marked Delete