

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90018 006 ****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
**JAMES SHEAHAN
1800 E GRAVES AVE, LOT 34
ORANGE CITY, FL 32763 US**

40126243



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2994572

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEAHAN, JAMES
1800 E GRAVES AVENUE
LOT 34
ORANGE CITY, FL 32763**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LEHMAN, CHARLES
STREET ADDRESS 885 CAYUGA TR
CITY-ST-ZIP MARENGO, IL 60152

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME STRANG, MAL
STREET ADDRESS 1800 E GRAVES AVE, LOT 50
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME OLIVER, CHARLES
STREET ADDRESS 1800 E GRAVES AVE, LOT 142
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☒ Change ☐ Addition
NAME D (not T)
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME KELLEY, SUZANN
STREET ADDRESS 1800 E GRAVES AVE, LOT 94
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS DOROTHY MARTIN
CITY-ST-ZIP 4 RAINBOW PARK
RANSOMVILLE, NY 14131

TITLE D ☐ Delete
NAME MCELWEE, MARGARET
STREET ADDRESS 1800 E GRAVES AVE, LOT 128
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KELLY, JEANNIE
STREET ADDRESS 1800 E GRAVES AVE, LOT 48
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS JAMES TUTTLE
CITY-ST-ZIP 1800 E GRAVES AVE, LOT 68
ORANGE CITY, FL 32763

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

815
7-11-07 568-1468
Date Daytime Phone #