2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N06198

Entity Name: LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1800 E GRAVES AVE.
LOT 133
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

1800 E GRAVES AVE.
LOT 133
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2994572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HELTON, WALTER	
Address:	1800 E GRAVES AVE LOT 133	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	VD	( ) Delete
Name:	FRAZER, JUANDA	
Address:	1800 E GRAVES AVE, LOT 8	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	D	( ) Delete
Name:	NICHOLS, JUDY	
Address:	1800 E GRAVES AVE, LOT 13	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	SD	( ) Delete
Name:	SIMONE, PAULA	
Address:	1800 E GRAVES AVE. LOT 1	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	D	( ) Delete
Name:	ROSARIO, MARIA	
Address:	1800 E GRAVES AVE, LOT 179	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	T	( ) Delete
Name:	TUTTLE, JAMES	
Address:	1800 E. GRAVES AVE, LOT 68	
City-St-Zip:	ORANGE CITY, FL 32763	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	CHAMBERLAIN, WILLIAM	
Address:	1800 E GRAVE AVE LOT 67	
City-St-Zip:	ORANGE CITY, FL 32663	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	FIELDS, BARBARA	
Address:	1800 E GRAVES AVE. LOT 157	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER HELTON PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date