

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06198

FILED  
Apr 10, 2011  
Secretary of State

**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  
Name: HELTON, WALTER  
Address: 1800 E GRAVES AVE LOT 133  
City-St-Zip: ORANGE CITY, FL 32763

Title: VD  
Name: CHAMBERLAIN, WILLIAM  
Address: 1800 E GRAVE AVE LOT 67  
City-St-Zip: ORANGE CITY, FL 32663

Title: D  
Name: NICHOLS, JUDY  
Address: 1800 E GRAVES AVE, LOT 158  
City-St-Zip: ORANGE CITY, FL 32763

Title: SD  
Name: FIELDS, BARBARA  
Address: 1800 E GRAVES AVE. LOT 157  
City-St-Zip: ORANGE CITY, FL 32763

Title: T  
Name: TUTTLE, JAMES  
Address: 1800 E. GRAVES AVE, LOT 68  
City-St-Zip: ORANGE CITY, FL 32763

I hereby 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 all other like empowered.

SIGNATURE: WALTER HELTON

PD

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date