

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90395 045 \*\*\*\*61.25

**DOCUMENT # N06198**

1. Entity Name

**LAND O'LAKES MOBILE HOME OWNERS ASSOCIATION, INC**



Principal Place of Business  
**JANE ABRAHAM**  
**1800 E GRAVES AVE LOT 131**  
**ORANGE CITY FL 32763**  
**US**

Mailing Address  
**JAMES TUTTLE**  
**1800 GRAVES AVE LOT 68**  
**ORANGE CITY FL 32763**  
**US**

2. Principal Place of Business

**1800 East Graves Av.**

3. Mailing Address

**Walter Helton**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1800 East Graves Av. Lot 133**

☒ CHECK HERE IF MAKING CHANGES

City & State

**Orange City, Fla.**

City & State

**Orange City, Fla.**

4. FEI Number **59-2994572**

Applied For

Not Applicable

Zip  
**32763**

Country  
**U.S.**

Zip  
**32763**

Country  
**U.S.A.**

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

**ABRAHAM, JANE P**  
**1800 E GRAVES AVENUE**  
**LOT 131**  
**ORANGE CITY FL 32763**

Name

**Walter Helton**

Street Address (P.O. Box Number is Not Acceptable)

**1800 East Graves Av. Lot 133**

**Orange City, Fla**

City

**FL**

Zip Code

**32763**

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.

**Walter Helton-President**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TUTTLE, JAMES</b>	
STREET ADDRESS	<b>1800 E GRAVES AVE LOT 68</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ABRAHAM, JANE</b>	
STREET ADDRESS	<b>1800 E GRAVES AVE LOT 131</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RULF, VINCENT</b>	
STREET ADDRESS	<b>1800 E GRAVES AVE LOT 117</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, JULIA</b>	
STREET ADDRESS	<b>1800 E GRAVES AVE LOT 146</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAXWELL, DALE</b>	
STREET ADDRESS	<b>1800 E GRAVES AVE LOT 161</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MACGREGOR, FRANCES</b>	
STREET ADDRESS	<b>1800 E GRAVES AVE LOT 69</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Walter Helton</b>	
STREET ADDRESS	<b>1800 East Graves Avenue</b>	
CITY-ST-ZIP	<b>Lot 133</b>	
	<b>Orange City, Fl 32763</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jane Abraham</b>	
STREET ADDRESS	<b>1800 East Graves Ave Lot 131</b>	
CITY-ST-ZIP	<b>Orange City, Fla 32763</b>	
TITLE	<b>Assistant Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Elizabeth Edgar</b>	
STREET ADDRESS	<b>1800 East Graves Ave Lot 123</b>	
CITY-ST-ZIP	<b>Orange City, Fla 32763</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frank Haler</b>	
STREET ADDRESS	<b>1800 East Graves Ave Lot 180</b>	
CITY-ST-ZIP	<b>Orange City, Fla 32763</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frank Haley</b>	
STREET ADDRESS	<b>1800 East Graves Ave. Lot 172</b>	
CITY-ST-ZIP	<b>Orange City, Fla. 32763</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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:

**Dale Maxwell**  
**DALE MAXWELL**

**April 2, 2003**

Date

**386-775-3660**

Daytime Phone #

CR2E037 (10/02)