

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90030 049 ****61.25

DOCUMENT # N08517

1. Entity Name

**MAY MANOR MOBILE HOME OWNERS ASSOCIATION,
INCORPORATED**



Principal Place of Business

352 LISA ST.
LAKELAND FL 33815
US

Mailing Address

C/O 387 LISA ST.
LAKELAND FL 33815-3725
US

20011852



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

470 Dawn St
Suite, Apt. #, etc.

3. Mailing Address

331 Ken Ave
Suite, Apt. #, etc.

City & State

Lakeland FL
Zip 33815 Country US

City & State

Lakeland FL
Zip 33815 Country US

4. FEI Number

59-2880183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, MARY
352 LISA ST.
LAKELAND FL 33815

7. Name and Address of New Registered Agent

Name: Billy H. Dreher

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

470 Dawn St

Lakeland FL 33815

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

Billy H. Dreher

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

Billy H. Dreher, Treasurer 2/10/05

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	ST	<input checked="" type="checkbox"/> Delete
NAME	HART, MARY	
STREET ADDRESS	352 LISA ST.	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, ROBERT	
STREET ADDRESS	323 JEAN ST	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HASKINS, NORMAN	
STREET ADDRESS	420 LISA STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERS, LLOYD	
STREET ADDRESS	435 LISA ST.	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DARCH, EDWARD	
STREET ADDRESS	331 KEN AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DELONG, ROBERT L	
STREET ADDRESS	356 LISA ST	
CITY-ST-ZIP	LAKELAND FL 33815	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billy H. Dreher	
STREET ADDRESS	470 Dawn St	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Darch	
STREET ADDRESS	331 Ken Ave	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daphne Stephenson	
STREET ADDRESS	237 Bird Ave	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	VP 1st	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Martin	
STREET ADDRESS	423 Grady Ave	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	VP 2nd	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian McGregor	
STREET ADDRESS	233 Carl Ave	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Napier	
STREET ADDRESS	469 Dawn St	
CITY-ST-ZIP	Lakeland, FL 33815	

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:

Billy H. Dreher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

863-683-9187

Daytime Phone #