


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90272 005 \*\*\*\*61.25

<b>DOCUMENT # N08921</b> 1. Entity Name <b>LAKELAND ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>316 KATHY AVE</b> <b>LAKELAND, FL 33801 US</b>			Mailing Address <b>316 KATHY AVE</b> <b>LAKELAND, FL 33801 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2957258</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BLACK, CLARENCE E</b> <b>316 KATHY AVE.</b> <b>LAKELAND, FL 33801</b>				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MOEDE, JUDY</b> <b>250 JANIE AVE</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>FIFER, VALE</b> <b>249 JANIE AVE</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <b>BLACK, CLARENCE</b> <b>316 KATHY AVE</b> <b>LAKELAND, FL 33801</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VA <b>Chuck Mullins</b> <b>1227 George St.</b> <b>Lakeland, FL 33801</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPT <b>HARMON, SHARON</b> <b>227 CARLA AVE.</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>DARLING, JUDITH</b> <b>1228 GEORGE ST</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Judith A. Darling Sec.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Judith A. Darling</i>			3-7-05 8632840873 Date Daytime Phone #		