2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
03-23-2007 90007 035 ****61.25

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DOCUMENT # N08921

1. Entity Name
LAKELAND ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
316 KATHY AVE LAKELAND, FL 33801 US	316 KATHY AVE LAKELAND, FL 33801 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
259 Janie Ave	259 Janie Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, Florida
Zip: 33801 Country: USA	Zip: 33801 Country: USA

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2957258 ☐ Applied For ☐ Not Applicable

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
BLACK, CLARENCE E 316 KATHY AVE. LAKELAND, FL 33801	Name: Bob Glass Street Address (P.O. Box Number is Not Acceptable): 259 Janie Ave. City: Lakeland FL Zip Code: 33801

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: x Robert E Glass x Robert E Glass x Mar 19, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAREY, SHARON 260 JANIE AVE LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT FIFER, VALE 249 JANIE AVE LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP MULLINS, CHUCK 1227 GEORGE ST LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPT DILLON, PAT 322 KATHY AVE LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DARLING, JUDITH 1228 GEORGE ST LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Judith A Darling 3-30-07 8632840873
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #