

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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90095 002 \*\*\*\*61.25

**DOCUMENT # N08921**

1. Entity Name

**LAKELAND ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

**2A KATHY 316 Kathy Ave**  
**LAKELAND FL 33801**  
**US**

Mailing Address

**2A KATHY 316 Kathy Ave**  
**LAKELAND FL 33801**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**BLACK, CLARENCE E**  
**2A KATHY AVE.**  
**LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name  
**Clarence E. Black**  
Street Address (P.O. Box Number is Not Acceptable)  
**316 Kathy 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

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

(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GAMBRELL, DIANE</b> <b>30 PERRY ST</b> <b>LAKELAND FL 33801</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>FIFER, VALE</b> <b>44 JANIE AVENUE</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>BLACK, CLARENCE</b> <b>2 KATHY AVE</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPT</b> <b>BENTLEY, DONALD</b> <b>18 BUDDY STREET</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DARLING, JUDITH</b> <b>6 GEORGE ST.</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Judy Moede</b> <b>250 Janie Ave</b> <b>Lakeland, FL 33801</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>Vale Fifer</b> <b>249 Janie Ave</b> <b>Lakeland, FL 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>Clarence Black</b> <b>316 Kathy Ave</b> <b>Lakeland, FL 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> <b>Don Bentley</b> <b>1250 Buddy St</b> <b>Lakeland, FL 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Judith Darling</b> <b>1228 George St</b> <b>Lakeland, FL 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE **Judith Darling (SSE) Judith A Darling**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-03 863-284-0873**

Date

Daytime Phone #

CR2E037 (10/02)