

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N26742** (9)

1. Corporation Name

**SCHALAMAR CREEK MOBILE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

4528 DELMAR DR  
LAKELAND FL 33801  
US

4528 DELMAR DR  
LAKELAND FL 33801  
US

3. Date Incorporated or Qualified **06/02/1988** 3a. Date of Last Report **04/07/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2881178</b>	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Country			
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**STEARNS, DAVID B**  
4528 DELMAR DR  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD <b>BOLANDER, WARREN</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <b>CAMPBELL, LYMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4619 CEDARBROOK WAY		1.2 NAME	1435 DEVERLY DR	
STREET ADDRESS	LAKELAND FL		1.3 STREET ADDRESS	LAKELAND, FL 33801	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <b>RITCHIE, HAROLD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <b>McLAUGHLIN, LARRY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4652 CEDARBROOK WAY		2.2 NAME	1450 SCHALAMAR DR	
STREET ADDRESS	LAKELAND FL		2.3 STREET ADDRESS	LAKELAND, FL 33801	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <b>CAMPBELL, LYMAN</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <b>MARSHALL, LILLIAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1435 DEVERLY DR		3.2 NAME	4602 ALVAMAR TR	
STREET ADDRESS	LAKELAND FL		3.3 STREET ADDRESS	LAKELAND, FL 33801	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lyman Campbell* **Lyman Campbell** 1-22-96 (941) 665-5999

CR2E037 (12/95)