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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N26742

1. Corporation Name

SCHALAMAR CREEK MOBILE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

4528 DELMAR DR LAKELAND FL 33801 US

Mailing Address

4528 DELMAR DR LAKELAND FL 33801 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/02/1988

22 City & State

27 City & State

4. FEI Number 59-2881178

Applied For Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired [X]

\$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution [ ]

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEARNS, DAVID B 4528 DELMAR DR LAKELAND FL 33801

81 Name

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

83

84 City

FL

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 office 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD MCLAUGHLIN, LARRY DELETED STREET ADDRESS 1450 SCHALAMAR CREEK CITY-ST-ZIP LAKELAND FL 33801

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE VD RILEY, DALE DELETED STREET ADDRESS 1495 CROOKED CREEK TRAIL CITY-ST-ZIP LAKELAND FL 33801

2.1 TITLE VD Change Elizabeth Ehlman 2.2 NAME 2.3 STREET ADDRESS 1342 Champion Drive 2.4 CITY-ST-ZIP Lakeland, FL 33801

TITLE TD MARSHALL, LILLIAN DELETED STREET ADDRESS 4602 ALVAMAR TR CITY-ST-ZIP LAKELAND FL 33801

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] President 2-19-99. 941-666-2035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)