

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90070 018 ****70.00

DOCUMENT # N26742

1. Entity Name

SCHALAMAR CREEK MOBILE HOMEOWNER'S ASSOCIATION,

Principal Place of Business

4528 DELMAR DR
 LAKELAND FL 33801
 US

Mailing Address

4528 DELMAR DR
 LAKELAND FL 33801-0361
 US

2. Principal Place of Business

1342 CHAMPION DR.

3. Mailing Address

Suite, Apt. #, etc.

LAKELAND, FL. 33801

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2881178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STEARNS, DAVID B
4528 DELMAR DR
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

EHLMAN, ELIZABETH

Street Address (R.O. Box Number is Not Acceptable)

1342 CHAMPION DR.

LAKELAND, FL. 33801

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.

SIGNATURE

Betty Ehlman

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

(NOTE: Registered Agent signature required when reinstating)

April 26, 2000

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
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE **VD** Delete
 NAME **EHLMAN, ELIZABETH**
 STREET ADDRESS **1342 CHAMPION DR.**
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Change Addition
 NAME **EHLMAN, ELIZABETH**
 STREET ADDRESS **1342 CHAMPION DR.**
 CITY-ST-ZIP **LAKELAND, FL. 33801**

TITLE **VD** Change Addition
 NAME **ROGERS, PETE**
 STREET ADDRESS **1634 DEVERLY DR.**
 CITY-ST-ZIP **LAKELAND, FL. 33801**

TITLE **TD** Change Addition
 NAME **HUPPENTHAL, MARY JULE**
 STREET ADDRESS **4569 DUBLIN PLACE**
 CITY-ST-ZIP **LAKELAND, FL. 33801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Betty Ehlman **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000

Date

Daytime Phone #

CR2E037 (9/99)