## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N26742 Mar 22, 2001 8:00 am **Secretary of State** SCHALAMAR CREEK MOBILE HOMEOWNER, S ASSOCIATION 03-22-2001 90050 005 \*\*\*\*70 00 Principal Place of Business Mailing Address 1342 CHAMPION DR. 1342 CHAMPION DR. LAKELAND, FLORIDA 33801 LAKELAND, FL. 33801 A0036146 2. Principal Place of Business 3. Mailing Address 1342 CHAMPION DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE . City & State LAND FL. Applied For City & State 4. FEI Number 59-2881178 Not Applicable Zip CPOTK Country \$8.75 Additional 33801 5. Certificate of Status Desired .Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ELIZABETH EHLMAN 1342 CHAMPION DR. LAKELAND, FL. 33801 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to. \$5.00 May Be Trust Fund Contribution." Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. :R2E037 (11/00 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME ELIZABETH EHLMAN NAME STREET ADDRESS STREET ADDRESS 1342 CHAMPION DR. CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33801 ☐ Change ☐ Addition ۷P Delete TITLE TITLE NAME PETE ROGERS NAME STREET ADORESS STREET ADDRESS 1634 DEVERLY DR. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TD NAME NAME MARY JULE HUPPENTHAL STREET ADDRESS STREET ADDRESS 4569 DUBLIN PLACE CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL. 33801 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: