

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90050 005 ****70.00

A0036146

DOCUMENT # N26742 ✓
 1. Entity Name
SCHALAMAR CREEK MOBILE HOMEOWNER,S ASSOCIATION

Principal Place of Business Mailing Address
1342 CHAMPION DR. **1342 CHAMPION DR.**
LAKELAND, FLORIDA 33801 **LAKELAND, FL. 33801**

2. Principal Place of Business 3. Mailing Address
1342 CHAMPION DR. Suite, Apt. #, etc.
 Suite, Apt. #, etc. City & State

City & State City & State
LAKELAND FL. **LAKELAND FL.**
 Zip Country Zip Country
33801 **POLK** **33801** **FL**

4. FEI Number Applied For
59-2881178 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE .

6. Name and Address of Current Registered Agent
ELIZABETH EHLMAN
1342 CHAMPION DR.
LAKELAND, FL. 33801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 *Elizabeth Ehlman* DATE **3-17-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ELIZABETH EHLMAN 1342 CHAMPION DR. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD PETE ROGERS 1634 DEVERLY DR. LAKELAND, FL. 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD MARY JULE HUPPENTHAL 4569 DUBLIN PLACE LAKELAND, FL. 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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: *Elizabeth Ehlman* Date **3-17-01** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)