
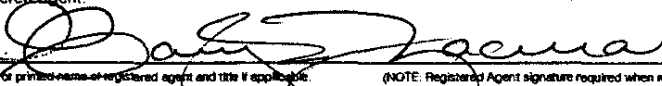
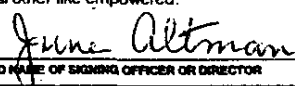


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90032 048 ****70.00

DOCUMENT # N26742			
1. Entity Name SCHALAMAR CREEK MOBILE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 1634 DEVERLY DR LAKELAND, FL 33801 US		Mailing Address 1634 DEVERLY DR LAKELAND, FL 33801 US	
2. Principal Place of Business 4500 Hwy. 92-E		3. Mailing Address 4500 Hwy. 92-E	
Suite, Apt. #, etc. #1032		Suite, Apt. #, etc. #1032	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33801		Zip 33801	
Country USA		Country USA	
4. FEI Number 59-2881178		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROGERS, PETE 1634 DEVERLY DR LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name: Yacura, Gary Street Address (P.O. Box Number is Not Acceptable): 1653 Deverly Drive City: Lakeland FL Zip Code: 33801	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 3-8-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTMAN, JUNE 1438 CROOKED STICK LOOP LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, PETE 1634 DEVERLY DR LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Yacura, Gary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1653 Deverly Drive Lakeland, FL. 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YACURA, GARY 1653 DEVERLY DR LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gray, Dave <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1657 Deverly Drive Lakeland, Fl. 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNEIDER, WILLIAM S 1565 CHAMPION DR LAKELAND, FL 33801 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(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: June Altman 		Date: 2-24-04 Daytime Phone #: 863-665-6989	