


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90054 047 \*\*\*\*61.25

<b>DOCUMENT # N26742</b>					
1. Entity Name <b>SCHALAMAR CREEK MOBILE HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>4500 HWY. 92-E #1032 LAKELAND FL 33801 US</b>			Mailing Address <b>4500 HWY. 92-E #1032 LAKELAND FL 33801 US</b>		
2. Principal Place of Business <b>4500 Hwy. 92-E</b> Suite, Apt. #, etc. <b>#1032</b>		3. Mailing Address <b>4500 Hwy. 92-E</b> Suite, Apt. #, etc. <b>#1032</b>			
City & State <b>Lakeland, Fl.</b>		City & State <b>Lakeland, Fl.</b>		4. FEI Number <b>59-2881178</b>	
Zip <b>33801</b>	Country <b>U.S.A.</b>	Zip <b>33801</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>YACURA, GARY 1653 DEVERLY DRIVE LAKELAND FL 33801</b>			7. Name and Address of New Registered Agent Name <b>Gray, Dave</b> Street Address (P.O. Box Number is Not Acceptable) <b>1657 Deverly Drive</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33801</b>		
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 <i>David H Gray</i>		Pres.		DATE <i>2/1/05</i>	
<p><b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.</p>		<p><b>Make Check Payable to Florida Department of State</b></p>	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gray, Dave 1657 Deverly Drive Lakeland, Fl. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YACURA, GARY 1653 DEVERLY DRIVE LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ehlman, Betty 1342 Champion Drive Lakeland, Fl. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YACURA, GARY 1653 DEVERLY DR LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Stapleton, Ken 1460 Champion Drive Lakeland, Fl. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNEIDER, WILLIAM S 1565 CHAMPION DR LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Altman, June 1438 Crooked Stick Loop Lakeland, Fl. 33801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAY, DAVE 1657 DEVERLY DRIVE LAKELAND FL 33801	<input checked="" 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: <i>Uma June Altman</i>			Date: <i>2-1-05</i>		Daytime Phone #: <i>863-665-6989</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #