

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90031 024 ****61.25



DOCUMENT # N26742				1. Entity Name SCHALAMAR CREEK MOBILE HOMEOWNER'S ASSOCIATION, INC.	
Principal Place of Business 4500 HWY. 92-E #1032 LAKELAND, FL 33801 US		Mailing Address 4500 HWY. 92-E #1032 LAKELAND, FL 33801 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2881178	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAY, DAVE 1657 DEVERLY DRIVE LAKELAND, FL 33801				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Betty Ehlman</u> <i>Betty Ehlman</i> <u>President</u>				02-01-07	
Signature, typed or printed name of registered agent and title, if applicable.				(NOTE: Registered Agent signature required when reinstating)	
DATE		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Filing Fee is \$61.25 Due by May 1, 2007				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, DAVE		NAME	Betty Ehlman	
STREET ADDRESS	1657 DEVERLY DRIVE		STREET ADDRESS	1342 Champion Dr.	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHLMAN, BETTY		NAME	Jim Barry	
STREET ADDRESS	1342 CHAMPION DRIVE		STREET ADDRESS	1251 Brockway Ct.	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAPLETON, KEN		NAME	Barb Martin	
STREET ADDRESS	1460 CHAMPION DRIVE		STREET ADDRESS	4318 Dirkshire Loop	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILJEQUIST, LINDA		NAME		
STREET ADDRESS	1517 SCHALAMAR CREEK DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2881178** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Betty Ehlman *Betty Ehlman* President 02-01-07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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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 exemptions contained in Chapter 119, 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: Linda Liljequist *Linda Liljequist* Secretary 02/01/07 863-668-9357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #