

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2003 8:00 am  
Secretary of State

02-10-2003 90160 041 \*\*\*\*70.00

**DOCUMENT # N26742**

1. Entity Name  
**SCHALAMAR CREEK MOBILE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**1342 CHAMPION DR.  
LAKELAND FL 33801  
US**      **1342 CHAMPION DR.  
LAKELAND FL 33801  
US**

2. Principal Place of Business      3. Mailing Address

**1634 DEVERLY DR**      **1634 DEVERLY DR**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**LAKELAND, FL**      **LAKELAND, FL**

Zip      Country      Zip      Country

**33801**      **US**      **33801**      **U.S.**

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EHLMAN, ELIZABETH  
1342 CHAMPION DR.  
LAKELAND FL 33801**

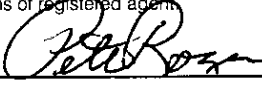
7. Name and Address of New Registered Agent

Name **PETE ROGERS**

Street Address (P.O. Box Number is Not Acceptable)  
**1634 DEVERLY DR.**

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  **PETE ROGERS**      DATE **02-04-2003**

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EHLMAN, ELIZABETH 1342 CHAMPION DR. LAKELAND FL 33801</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ROGERS, PETE 1634 DEVERLY DR LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HUPPENTHAL, MARY JULE 4569 DUBLIN PLACE LAKELAND FL 33801</b>	<input checked="" 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
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	<b>PD ROGERS, PETE 1634 DEVERLY DR. LAKELAND, FL. 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD YACURA, GARY 1658 DEVERLY DR LAKELAND, FL. 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KLAIRE TRADY 1247 BROOKWAY COURT LAKELAND, FL. 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCHNEIDER, William S 1445 CHAMPION DR LAKELAND, FL. 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ALTMAN, JUNE 1438 CROOKED STICK LOOP LAKELAND, FL. 33801</b>	<input type="checkbox"/> Change <input checked="" 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:  **PETE ROGERS**      DATE **02-04-03**      PHONE **(863)669-0803**

CR2E037 (10/02)