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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36500** (9)

1. Corporation Name

**ENCHANTED GROVE MOBILE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O DEBORAH POWELL  
5137 N SCENIC HWY #79  
LAKE WALES FL 33853  
US**

**C/O DEBORAH POWELL  
5137 N SCENIC HWY #79  
LAKE WALES FL 33853  
US**



3. Date Incorporated or Qualified

**02/01/1990**

4. FEI Number

**59-3040746**

Applied For

Not Applicable

2. Principal Place of Business

**21 Clornathew F. Solomita**

2a. Mailing Address

**26 Matthew F. Solomita**

Suite, Apt. #, etc.

**22 5137 N. Scenic Hwy #21**

Suite, Apt. #, etc.

**27 5137 N. Scenic Hwy #21**

City & State

**23 Lake Wales**

City & State

**28 Lake Wales, FL**

Zip

**24 FL 33853**

Country

**25 USA**

Zip

**29 33853**

Country

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, DEBORAH  
5137 N SCENIC HWY #79  
ENCHANTED MOBILE HOME OWNERS ASSOC INC.  
LAKE WALES FL 33853**

81 Name

**SOLOMITA, MATTHEW F.**

82 Street Address (P.O. Box Number is Not Acceptable)

**5137 N. SCENIC Hwy, Lot 21**

83 **ENCHANTED GROVE MOBILE HOME OWNERS ASSOC., INC.**

84 City

**LAKE WALES**

FL

85 Zip Code

**33853**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **POWELL, WILLIAM**  
STREET ADDRESS **5137 N SCENIC HWY #79**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE **VPD** ☒ DELETE

NAME **WITMER, ROY**  
STREET ADDRESS **5137 N SCENIC HWY #79**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE **D** ☐ DELETE

NAME **STONE, BILL**  
STREET ADDRESS **5137 N SCENIC HWY #1**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE **TSD** ☒ DELETE

NAME **POWELL, DEBORAH**  
STREET ADDRESS **5137 N SCENIC HWY #79**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE **D** ☐ DELETE

NAME **LAMBERT, GARY**  
STREET ADDRESS **5137 N SCENIC HWY #44**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE **D** ☐ DELETE

NAME **COLLINS, DICK**  
STREET ADDRESS **5137 N SCENIC HWY #19**  
CITY-ST-ZIP **LAKE WALES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☒ Addition

1.2 NAME **+ SOLOMITA, MIRIAM C**  
1.3 STREET ADDRESS **5137 N. SCENIC Hwy Lot 21**  
1.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

2.1 TITLE **VPD** ☐ Change ☒ Addition

2.2 NAME **GARY LAMBERT**  
2.3 STREET ADDRESS **5137 N. SCENIC HWY Lot 44**  
2.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

3.1 TITLE **TSD** ☐ Change ☒ Addition

3.2 NAME **MATTHEW F. SOLOMITA**  
3.3 STREET ADDRESS **5137 N. SCENIC HWY Lot 21**  
3.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **See attached sheet for Board of Directors**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Miriam C. Solomita** Miriam C. Solomita President 3/29/98 (941) 439-4211

CR2E037 (10/97)

## **BOARD OF DIRECTORS FOR 1998**

### **OFFICERS**

**PRESIDENT** : MIRIAM C. SOLOMITA #21

**VICE PRESIDENT** : GARY LAMBERT #44

**SEC/TREASURER** : MATTHEW F. SOLOMITA #21

### **BOARD OF DIRECTORS**

#### **3 YEAR TERM**

MIRIAM C. SOLOMITA #21

MATTHEW F. SOLOMITA #21

GARY LAMBERT #44

#### **2 YEAR TERM**

SHIRLEY BROOKS #29

PEGGY SCHMIDT #17

DICK COLLINS #19

#### **1 YEAR TERM**

JANE WILMONT #35

JOHANNA POWELL #44

#### **ACTIVITY DIRECTOR**

JOHANNA POWELL #44

### **OWNER OF ENCHANTED GROVE**

ALAN M. KORN

229 W. LANCASTER ROAD #17

ORLANDO, FLORIDA 32809

(407) 851-2935