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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36500**

1. Corporation Name

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

Principal Place of Business

C/O MATTHEW F. SOLOMITA  
5137 N. SCENIC HWY #21  
LAKE WALES FL 33853  
US

Mailing Address

C/O MATTHEW F. SOLOMITA  
5137 N. SCENIC HWY #21  
LAKE WALES FL 33853  
US

*Morton Douglass*

*Evelyn Douglass*

2. Principal Place of Business

21 *5137 SCENIC HWY*

2a. Mailing Address

26 *5137 SCENIC HWY*

Suite, Apt. #, etc.

22 *Lot 20*

Suite, Apt. #, etc.

27 *Lot 20*

City & State

23 *Lake Wales, FL.*

City & State

28 *Lake Wales, FL.*

Zip

24 *33853*

Country

25 *FL*

Zip

29 *33853*

Country

30 *FL*

9. Name and Address of Current Registered Agent

SOLOMITA, MATTHEW F.  
5137 N. SCENIC HWY, LOT 21  
ENCHANTED GROVE MOBILE HOME OWNERS ASSOC.  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name *Morton Douglass*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*5137 SCENIC HWY Lot 20*  
83 *ENCHANTED GROVE MOBILE HOME OWNERS ASSOC*  
84 City *Lake Wales FL.* 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 617.0505, Florida Statutes.

SIGNATURE *Morton M. Douglass - Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

*4/10/99*

DATE

12. OFFICERS AND DIRECTORS

TITLE *PD* ☐ DELETE

NAME *SOLOMITA, MIRIAM C.*  
STREET ADDRESS *5137 N. SCENIC HWY LOT 21*  
CITY-ST-ZIP *LAKE WALES FL 3853*

TITLE *VPD* ☐ DELETE

NAME *LAMBERT, GARY L.*  
STREET ADDRESS *5137 N. SCENIC HWY LOT 44*  
CITY-ST-ZIP *LAKE WALES FL 33853*

TITLE *D* ☐ DELETE

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

TITLE *TSO* ☐ DELETE

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

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 *LAKES WALES FL*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *PD* ☒ Change ☐ Addition

1.2 NAME *Morton Douglass*  
1.3 STREET ADDRESS *5137 SCENIC HWY Lot 20*  
1.4 CITY-ST-ZIP *Lake Wales FL 33853*

2.1 TITLE *VPD* ☒ Change ☐ Addition

2.2 NAME *Donald Williams*  
2.3 STREET ADDRESS *5137 SCENIC HWY Lot 24*  
2.4 CITY-ST-ZIP *Lake Wales FL.*

3.1 TITLE *Sec.* ☒ Change ☐ Addition

3.2 NAME *Evelyn Douglass*  
3.3 STREET ADDRESS *5137 SCENIC HWY Lot 20*  
3.4 CITY-ST-ZIP *Lake Wales FL*

4.1 TITLE *Tres* ☒ Change ☐ Addition

4.2 NAME *Richard Mann*  
4.3 STREET ADDRESS *5137 SCENIC HWY Lot 16*  
4.4 CITY-ST-ZIP *Lake Wales FL*

5.1 TITLE *D* ☒ Change ☐ Addition

5.2 NAME *Robert Brough*  
5.3 STREET ADDRESS *5137 SCENIC HWY Lot 80*  
5.4 CITY-ST-ZIP *Lake Wales FL*

6.1 TITLE *D* ☐ Change ☐ Addition

6.2 NAME *SAME*  
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, with all other like empowered.

SIGNATURE:

*Richard Mann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/10/99 941-4394/155*

CR05037 (11/98)