

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90068 024 ****61.25

DOCUMENT # N36500

1. Entity Name

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



Principal Place of Business

**5137 N SCENIC HWY
LOT 32
LAKE WALES FL 33859
US**

Mailing Address

**5137 N SCENIC HWY
LOT 32
LAKE WALES FL 33859
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3040746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, ALLISON
5137 SCENIC HWY LOT 32
LAKE WALES FL 33859**

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

Allison Wilson

1/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

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 PD
NAME WILSON, ALLISON ☐ Delete
STREET ADDRESS 5137 N SCENIC HWY LOT 32
CITY-ST-ZIP LAKE WALES FL 33859

TITLE VPD
NAME COULOMBE, RICHARD ☐ Delete
STREET ADDRESS 5137 N SCENIC HWY LOT 32
CITY-ST-ZIP LAKE WALES FL 33859

TITLE MGRM
NAME BROUGH, GINA ☐ Delete
STREET ADDRESS 5137 N SCENIC HWY LOT 30
CITY-ST-ZIP LAKE WALES FL 33859

TITLE MGRM
NAME MCLAUGHLIN, TERESA ☐ Delete
STREET ADDRESS 5137 N SCENIC HWY LOT 33
CITY-ST-ZIP LAKE WALES FL 33859

TITLE MGRM
NAME BERGREN, KEN ☒ Delete
STREET ADDRESS 5137 N SCENIC HWY LOT 25
CITY-ST-ZIP LAKE WALES FL 33859

TITLE *Fritz Stetson*
NAME *5137 N Scenic Hwy Lot 20* ☐ Delete
STREET ADDRESS *LAKE WALES, FL 33859*
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Allison Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #