

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90222 033 ****61.25

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

DOCUMENT # N 36500

1. Entity Name

ENCHANTED GROVE MOBILE HOME
OWNERS ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

50052168

DO NOT WRITE IN THIS SPACE

~~GILBERT C KLESS~~
2. ~~GILBERT C KLESS~~ 3. Mailing Address
5137 N SCENIC HWY LOT 75
Suite, Apt., etc. LOT 75
City & State LAKE WALES FL LAKE WALES FL
Zip 33898 Country POLK 33898 Country POLK

4. FEI Number 593040746 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name GILBERT C KLESS
Street Address (P.O. Box Number is Not Acceptable)

5137 N SCENIC HWY LOT 75
City LAKE WALES FL Zip Code 33898

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE

Gilbert C Kless

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

(NOTE: Registered Agent signature required when reconstituting)

5/11/05
Date

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GILBERT C KLESS	5137 N SCENIC HWY LOT 75	LAKE WALES FL 33898
V	RAYMOND MONK	5137 N SCENIC HWY LOT 32	LAKE WALES FL 33898
T	JANE IVY	5137 N SCENIC HWY LOT 59	LAKE WALES FL 33898
S	TERRY CORTRIGHT	5137 N SCENIC HWY LOT 8	LAKE WALES FL 33898
D	GWANA BROUGH	5137 N SCENIC HWY LOT 76	LAKE WALES FL 33898
D	CLYDE LA FOUNTAIN	5137 N SCENIC HWY LOT 43	LAKE WALES FL 33898

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	FRITZ STETON	5137 N SCENIC HWY LOT 40	LAKE WALES FL 33898
D	VERNON STONE'S	5137 N SCENIC HWY LOT 24	LAKE WALES FL 33898

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gilbert C Kless

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/05

Date

863 438 9073

Daytime Phone #