


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 005 ****61.25

DOCUMENT # N36500 1. Entity Name ENCHANTED GROVE MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 5137 N SCENIC HWY LOT 75 LAKE WALES, FL 33898 US			Mailing Address 5137 N SCENIC HWY LOT 75 LAKE WALES, FL 33898 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KLESS, GILBERT C 5137 SCENIC HWY LOT 75 LAKE WALES, FL 33898				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLESS, GILBERT C 5137 N SCENIC HWY LOT 75 LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley Haga 5137 N. Scenic Hwy Lot 98 Lake Wales, FL 33898
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONK, RAYMOND 5137 N SCENIC HWY LOT 75 LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harold Ellis 5137 N. Scenic Hwy Lot 91 Lake Wales, FL 33898
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IVY, JANE 5137 N SCENIC HWY LOT 59 LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Marcheterre 5137 N. Scenic Hwy Lot 95 Lake Wales, FL 33898
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORTRIGHT, TERRY 5137 N SCENIC HWY LOT 8 LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUGH, GINA 5137 N SCENIC HWY LOT 6 LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFOONTAN, CLYDE 5137 N SCENIC HWY LOT 43 LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, F.S., changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>G. P. Kless</i></u> 3/30/06 863 438 9073					