

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90007 030 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3040746	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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, 2007		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					
TITLE	P	<input type="checkbox"/> Delete			
NAME	KLESS, GILBERT C				
STREET ADDRESS	5137 N SCENIC HWY LOT 75				
CITY-ST-ZIP	LAKE WALES, FL 33859				
TITLE	V	<input checked="" type="checkbox"/> Delete			
NAME	ELLIS, HAROLD				
STREET ADDRESS	5137 N SCENIC HWY, LOT 91				
CITY-ST-ZIP	LAKE WALES, FL 33898				
TITLE	T	<input type="checkbox"/> Delete			
NAME	IVY, JANE				
STREET ADDRESS	5137 N SCENIC HWY LOT 59				
CITY-ST-ZIP	LAKE WALES, FL 33898				
TITLE	S	<input type="checkbox"/> Delete			
NAME	CORTRIGHT, TERRY				
STREET ADDRESS	5137 N SCENIC HWY LOT 8				
CITY-ST-ZIP	LAKE WALES, FL 33898				
TITLE	D	<input type="checkbox"/> Delete			
NAME	BROUGH, GINA				
STREET ADDRESS	5137 N SCENIC HWY LOT 6				
CITY-ST-ZIP	LAKE WALES, FL 33898				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	LAFOONTAN, CLYDE				
STREET ADDRESS	5137 N SCENIC HWY LOT 43				
CITY-ST-ZIP	LAKE WALES, FL 33898				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Kim Haugey				
STREET ADDRESS	5137 N. Scenic Hwy Lot 100				
CITY-ST-ZIP	LAKE WALES, FL 33898				
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Don Marcheterre				
STREET ADDRESS	5137 N. Scenic Hwy Lot 95				
CITY-ST-ZIP	LAKE WALES, FL 33898				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Robert Beyer				
STREET ADDRESS	5137 N. Scenic Hwy Lot 91				
CITY-ST-ZIP	LAKE WALES, FL 33898				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Patricia Cooper				
STREET ADDRESS	5137 N. Scenic Hwy Lot 4				
CITY-ST-ZIP	LAKE WALES, FL 33898				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Robert Brough				
STREET ADDRESS	5137 N. Scenic Hwy Lot 80				
CITY-ST-ZIP	LAKE WALES, FL 33898				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Gilbert C Kless</i> 3/13/07 438-9013					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					