
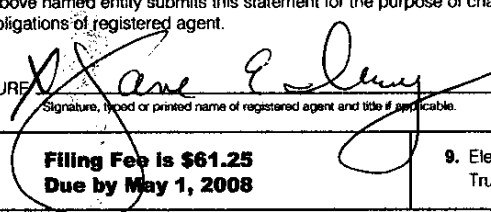
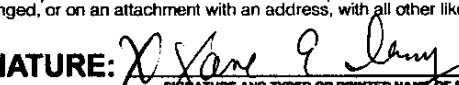


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90022 041 ****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 # 5137 N Scenic Hwy Suite, Apt. #, etc. # 59		3. Mailing Address 5137 N Scenic Hwy Suite, Apt. #, etc. # 59			
City & State Lake Wales, FL		City & State Lake Wales, FL		4. FEI Number 59-3040746	
Zip 33898		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLESS, GILBERT C 5137 SCENIC HWY LOT 75 LAKE WALES, FL 33898			7. Name and Address of New Registered Agent Name Jane Ivy Street Address (P.O. Box Number is Not Acceptable) 5137 N Scenic Hwy # 59 City Lake Wales FL Zip Code 33898		
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  DATE 3/9/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			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 Jane Ivy 5137 N SCENIC HWY LOT # 59 LAKE WALES, FL 33898	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Don Marcheterre 5137 N Scenic Hwy # 95 Lake Wales, FL 33898	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARCHETERRE, DON Robert Beyer 5137 N SCENIC HWY LOT # 91 LAKE WALES, FL 33898	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Katelyn Zecklin 5137 N Scenic Hwy # 27 Lake Wales, FL 33898	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JANE Diane Milden 5137 N SCENIC HWY LOT # 03 LAKE WALES, FL 33898	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Chris Cerullo 5137 N Scenic Hwy # 43 Lake Wales, FL 33898	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORTRIGHT, TERRY Amber Stokes 5137 N SCENIC HWY LOT # 24 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 # 76 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 MOUSEY, KIM Robert Brough 5137 N SCENIC HWY LOT # 80 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 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: 			Date 3/9/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		