

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 037 ****61.25

DOCUMENT # N37624

1. Entity Name
SCENIC VIEW MOBILE HOME COURT, INC.



Principal Place of Business
C/O MAXINE JOHNS
6268 SCENIC VIEW DR
LAKELAND, FL 33810 US

Mailing Address
C/O MAXINE JOHNS
6268 SCENIC VIEW DR
LAKELAND, FL 33810 US

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2. Principal Place of Business

3. Mailing Address

SCENIC VIEW
BETTY COKER
6240 SCENIC VIEW DR.

2025 W. DAUGHTERY RD.
% BETTY COKER

03292006 Chg-NP CR2E037 (11/05)

City & State
LAKELAND

City & State
FL 33810

4. FEI Number
59-3020118

Applied For
Not Applicable

Zip
33810

Country
POLK

Zip
33810

Country
POLK

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

6. Name and Address of Current Registered Agent

JOHNS, MAXINE
6268 SCENIC VIEW DRIVE
LAKELAND, FL 33810

BETTY COKER
6240 SCENIC VIEW DR.
LAKELAND, FL 33810

7. Name and Address of New Registered Agent

Name BETTY COKER
Street Address (P.O. Box Number is Not Acceptable)
6240 SCENIC VIEW DR.

City LAKELAND FL Zip Code 33810

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 Betty Coker

4-05-06

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

(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. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DT
NAME WADE, JANE
STREET ADDRESS 6248 SCENIC VIEW DRIVE
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Delete

TITLE SD
NAME JOHNS, MAXINE
STREET ADDRESS 6268 SCENIC VIEW DRIVE
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Delete

TITLE D
NAME JOHNS, ALBERT
STREET ADDRESS 6268 SCENIC VIEW DRIVE
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Delete

TITLE PD
NAME SPOTTS, DECKER
STREET ADDRESS 1986 SCENIC VIEW LOOP
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Delete

TITLE DV
NAME MORTIMER, GEORGE GUY
STREET ADDRESS 2055 SCENIC VIEW BEND
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT
NAME ROBERT F. SEMMEL
STREET ADDRESS 2064 SCENIC VIEW BEND
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE SD
NAME BETTY COKER
STREET ADDRESS 6240 SCENIC VIEW DR.
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Change ☐ Addition

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

TITLE P.D.
NAME GEORGE MORTIMER
STREET ADDRESS 6154 SCENIC VIEW ST.
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE D.V.
NAME CLARENCE BUCEY
STREET ADDRESS 2072 SCENIC VIEW BEND
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 Betty Coker

4-05-06 1-863-815-1780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #