2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N37624

Entity Name: SCENIC VIEW MOBILE HOME COURT, INC.

Current Principal Place of Business:

2025 W. DAUGHTERY
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

2025 W. DAUGHTERY
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-3020118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, SCOTT E
240 SOUTH PINEAPPLE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MORTIMER, GEORGE G	
Address:	6154 SCENIC VIEW STREET	
City-St-Zip:	LAKELAND, FL 33810	
Title:	SD	( ) Delete
Name:	BIOMQUIST, MARJORIE	
Address:	2063 SCENIC VIEW BEND	
City-St-Zip:	LAKELAND, FL 33810	
Title:	TD	( ) Delete
Name:	MORTIMER, DOROTHY	
Address:	6154 SCENIC VIEW ST	
City-St-Zip:	LAKELAND, FL 33810	
Title:	VD	( ) Delete
Name:	BUCEY, CLARENCE	
Address:	2072 SCENIC VIEW BEND	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	LANNINE, JANET	
Address:	6224 SCENIC VIEW DRIVE	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	HARVEY, JIM	
Address:	6166 SCENIC VIEW STREET	
City-St-Zip:	LAKELAND, FL 33810	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE MORTIMER PRES 04/04/2009

Electronic Signature of Signing Officer or Director — Date