2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # N42323 04-07-2008 90050 021 ****61.25 1. Entity Name LAKÉ DEER MOBILE HOMEOWNERS, INC. Principal Place of Business Mailing Address **BETTE ROBINSON** BETTE ROBINSON 332 ROBIN CT. 332 ROBIN CT. WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 517 Cardinal Blvd Suite, Apt, #, etc. Suite, Apt. #, etc 04052008 Chg-NP CR2E037 (12/06) City & State Çity & Ştate FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, BETTE Street Address (P.O. Box Number is Not Acceptable) 332 ROBIN CT. WINTER HAVEN, FL 33881 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D۷ TITLE ☐ Delete TITLE ☐ Change Addition D. THELMA NAME NAME 230 ROBIN CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP DT ☐ Change TITLE ☐ Delete TIFLE Addition SEITZ, MARGIE NAME NAME STREET ADDRESS 414 BLUE JAY LANE STREET ADDRESS WINTER HAVEN, FL 33881 CITY-ST-ZIP CITY-ST-ZIP Change DSDV TIFLE ☐ Delete TITLE ☐ Addition Bette Robinson Lee ROBINSON, BETTE NAME NAME STREET ADDRESS 332 ROBIN CT STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP тпе Change ☐ Addition TITLE Delete MARKS, JOE NAME NAME STREET ADDRESS **504 PARAKEET** STREET ADDRESS WINTER HAVEN, FL 33881 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE ☐ Delete TITLE Change ☐ Addition MURRAY, CHARLES NAME NAME STREET ADDRESS **507 PARAKEET** STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP ☐ Change Louis H. Lee 517 Cardinal Blud Addition Delete TITLE NAME Louis NAME STREET ADDRESS STREET ADDRESS linter CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED