

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:27

DOCUMENT # N43230 (4)

1. Corporation Name

**LAKE ARROWHEAD MOBILE HOMEOWNERS' ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**3109 OLD FARMHOUSE RD
N FT MYERS FL 33917**

**3109 OLD FARMHOUSE RD
N FT MYERS FL 33917**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1991

3a. Date of Last Report

03/14/1994

4. FEI Number

65-6076708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KORP, WILLIAM R.
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	COGGINS, PAUL
STREET ADDRESS	2969 LONGVIEW LANE
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	V
NAME	ZEIK, FRANK
STREET ADDRESS	3000 LINGVIEW LN.
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	SDT
NAME	DIEBOLD, NAURENE
STREET ADDRESS	3109 OLD FARMHOUSE RD.
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	D
NAME	KNAUER, AL
STREET ADDRESS	3137 OLD FARMHOUSE RD.
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	D
NAME	KELLER, MARY LOU
STREET ADDRESS	2953 LONGVIEW LN.
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	D
NAME	COMFORT, ROBERT
STREET ADDRESS	3054 ARTESIAN LN
CITY-ST-ZIP	N. FT. MYERS FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: NAURENE R. DIEBOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/4/95

OPTIONAL FEE #

656-1090