FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/30/1991
3a. Date of Last Report: 03/09/1995
4. FEI Number: 65-6076708 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIEBOLD, NAURENE R
3109 OLD FARMHOUSE ROAD
NO. FT. MYERS FL 33917

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D BEVERLY MOWKA 3158 LINWOOD DR. N. FT. MYERS, FL. 33917	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D JERRY POZNANSKI 3146 BUNNY RUN DR. N. FT. MYERS, FL. 33917	☒ Change ☐ Addition

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: NAURENE DIEBOLD Naurene R. Diebold, OST 3/6/96 656-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #