FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

LAKE ARROWHEAD MOBILE HOMEOWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address

SHOW OF D. ENDINHOUSE DO

3103 OLD FARMHOUSE RD

FILED Mar 11 1997 8:00am Secretary of State



N FT MYERS FI		N FT MYERS FL 33917-1545						
					3. Date Incorporated or Qualified 04/30/1991	3a. Date of 03/	Last Re 13/19	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-6076708 Not Applicat			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		B.75 A	Additional equired
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		5.00 Added t	May Be
Zip	Country	Zip	Count	Ŋ	8. This corporation has liability for			
24	25	29	0			Yes 🔀 No		
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Re	gistered Agen	it	
			8	Name				
DIEBOLD, NAURENE R				2 Street	Address (P.O. Box Number is Not Acceptab	ole)		
3109 OLD FARMHOUSE ROAD								
NO. FT.	MYERS FL 33917		8	3				
			8	4 City		85	Zip (Code
			-	1 - ","		FL	1	
	to the provisions of sections 917,000 egistered agont, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was au ations of, Section 617.0503, Flori	rthorized l ida Statuti	by the corp es.	corporation submits this statement for the population's board of directors. I hereby acceptances	of the appointm	nent as	registered
SIGNATURE _	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered A	gent eignature	required when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME	COGGINS, PAUL		1.2 NAM	•				
STREET ADDRESS	2969 LONGVIEW LANE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	N. FT. MYERS FL		1.4 CITY	ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE		V_{D}	[3]	Change	Addition
NAME	ZEIK, FRANK		2.2 NAM	:	JERRY POZNANSKI			
STREET ADDRESS	3000 LINGVIEW LN.		2.3 STRE	ET ADDRESS	3146 BUNNY RUN DR.	22217		
CITY-ST-ZIP	N. FT. MYERS FL		2. 4 CITY		N. FT. MYERS, FL.			77
TITLE	SDT	DELETE	3.1 TITLE		SD	LXC	Change	Addition
NAME	DIEBOLD, NAURENE		3.2 NAMI		JIM JOHNSON			
STREET ADDRESS	3109 OLD FARMHOUSE RD.			ET ADORESS	3145 BUNNY RUN DR. N. FT. MYERS, FL.	22017		
CITY - ST - ZIP	N. FT. MYERS FL	DELETE	3.4. CITY		N. FT. MIERS, FL.		Change	Addition
TITLE	D DEVEDIV	☐ hereit	4.1 TITLE			ا لسا ا	>ιιαπ <u>β</u> ς	L AUUIDIO
NAME	MOWKA, BEVERLY 3158 LINWOOD DRIVE		4. 2 NAM					
STREET ADDRESS	N. FT. MYERS FL			ET ADDRESS				
CITY-ST-ZIP TITLE	D. P. MIENO PL	DELETE	4.4 CITY 5.1 TITLE			——————————————————————————————————————	Change	Addition
NAME	KELLER, MARY LOU	T Arreit	5.2 NAM			۱ لسب		hand , magnitudes
STREET ADDRESS	2953 LONGVIEW LN.			ET ADDRESS				
CITY-ST-ZIP	N. FT. MYERS FL		5.4 CITY					
TITLE	D	DELETE	6.1 TITLE		TD		Change	Addition
NAME	POZNANSKI, JERRY		6.2 NAM		NAURENE DIEBOLD			
STREET ADDRESS	3146 BUNNY RUN DRIVE		1	ET ADDRESS	NÃURENE DIEBOLD 3109 OLD FARMHOUSE N. FT. NYERS, FL.	BR17		
CITY-ST-ZIP	N. FT. MYERS FL		6.4 CITY		N. PT. NIERS, FL.	22811		
0111-21-41	THE F TO MILLIO I L		0.4 GITT	UI EIF	<u> </u>			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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