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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43230** (4)

1. Corporation Name

LAKE ARROWHEAD MOBILE HOMEOWNERS' ASSOCIATION, INC.

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 **3145 BUNNY RUN DR**
Suite, Apt. #, etc.

26 **3145 BUNNY RUN DR**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **N. FT. MYERS, FL**

28 **N. FT. MYERS, FL**

24 Zip **33917** 25 Country **LEE**

29 Zip **33917** 30 Country **LEE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/30/1991

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **JAMES D JOHNSON**

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

3145 BUNNY RUN DRIVE

83

84 City **N. FT. MYERS**

FL

85 Zip Code **33917**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement of change of 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 **JAMES D. JOHNSON SECRETARY**

4-5-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **COGGINS, PAUL**
STREET ADDRESS **2989 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 **TD** ☒ DELETE

NAME **DIEBOLD, NAURENE**
STREET ADDRESS **3109 OLD FARMHOUSE RD**
CITY-ST-ZIP **N FT MYERS FL**

TITLE **D** ☐ DELETE

NAME **MOWKA, BEVERLY**
STREET ADDRESS **3158 LINWOOD DRIVE**
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 **VD** ☐ DELETE

NAME **POZNANSKI, JERRY**
STREET ADDRESS **3146 BUNNY RUN DR**
CITY-ST-ZIP **N FT MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **DONALD SMITH**
1.3 STREET ADDRESS **3154 LONGVIEW DRIVE**
1.4 CITY-ST-ZIP **N. FT. MYERS, FL 33917**

2.1 TITLE **S.** ☐ Change ☒ Addition

2.2 NAME **JAMES D. JOHNSON**
2.3 STREET ADDRESS **3145 BUNNY RUN DR**
2.4 CITY-ST-ZIP **NORTH FT. MYERS, FL 33917**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **FRANK DIEBOLD**
3.3 STREET ADDRESS **3109 OLD FARMHOUSE RD**
3.4 CITY-ST-ZIP **N. FT. MYERS, FL 33917**

4.1 TITLE **TD** ☒ Change ☐ Addition

4.2 NAME **BEVERLY MOWKA**
4.3 STREET ADDRESS **3158 LINWOOD DRIVE**
4.4 CITY-ST-ZIP **NORTH FT. MYERS, FL 33917**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **BILL NASE**
5.3 STREET ADDRESS **3022 RAINDANCE LN**
5.4 CITY-ST-ZIP **NORTH FT. MYERS, FL 33917**

6.1 TITLE **V** ☒ Change ☐ Addition

6.2 NAME **POZNANSKI JERRY**
6.3 STREET ADDRESS **3146 BUNNY RUN DRIVE**
6.4 CITY-ST-ZIP **NORTH FT. MYERS, FL 33917**

14. I 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.

SIGNATURE: **JAMES D. JOHNSON**

4-5-98

941-656-0743

CR2E037 (10/97)