

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90103 014 ****61.25

DOCUMENT # N43230

1. Corporation Name

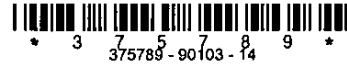
**LAKE ARROWHEAD MOBILE HOMEOWNERS' ASSOCIATION, I
NC.**

Principal Place of Business

31456 BUNNY RUN DR
N FT MYERS FL 33917
US

Mailing Address

3145 BUNNY RUN DR
N FT MYERS FL 33917
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

JOHNSON, JAMES D
3145 BUNNY RUN DR
N 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

James D. Johnson, Sec. 4/9/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **SMITH, DONALD**
CITY-ST-ZIP **3154 LONGVIEW DR**
N FT MYERS FL 33917

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **JOHNSON, JAMES D**
CITY-ST-ZIP **3145 BUNNY RUN DR**
N FT MYERS FL 33917

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DIEBOLD, FRANK**
CITY-ST-ZIP **3109 OLD FARM HOUSE RD**
N FT MYERS FL 33917

TITLE ☒ DELETE

NAME **TD**
STREET ADDRESS **MOWKA, BEVERLY**
CITY-ST-ZIP **3158 LINWOOD DRIVE**
N. FT. MYERS FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **NASE, BILL**
CITY-ST-ZIP **3022 RAINDANCE LN**
N FT MYERS FL 33917

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

T
Hays, Eleanor
3017 Artesian Lane
North Fort Myers, FL 33917

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

D
Fairman, John
3150 Running Deer Drive
North Fort 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNSON, SEC. 4/9/99

Date

Daytime Phone #

941-656-0943

CR2E037 (11/98)