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FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N47957 (8)

1. Corporation Name

TAYLOR CREEK LODGE MOBILE HOME PARK HOMEOWNER'S  
ASSOCIATION, INC.

Principal Place of Business

2730 HWY 441 SE  
M.H. #26  
OKEECHOBEE FL 34972

Mailing Address

3975 S.E. 29TH WAY  
TAYLOR CREEK LODGE M.H. 26  
OKEECHOBEE FL 34974-7350

3. Date Incorporated or Qualified  
03/19/1992

3a. Date of Last Report  
03/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

COOK, JOHN R.  
202 NW 5TH AVE  
OKEECHOBEE FL 34972

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

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	PD	<input type="checkbox"/> DELETE
NAME	LYNCH, DONALD	
STREET ADDRESS	3880 S.E. 29TH WAY TAYLOR CREEK LODGE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEEFER, MERLE	
STREET ADDRESS	3975 S.E. 29TH WAY TAYLOR CREEK LODGE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WAGNER, HAROLD	
STREET ADDRESS	3801 S.E. 27TH WAY TAYLOR CREEK LODGE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMBLISS, HASKELL	
STREET ADDRESS	3800 S.E. 29TH WAY TAYLOR CREEK LODGE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIS, SHIRLEY	
STREET ADDRESS	3792 S.E. 29TH WAY TAYLOR CREEK LODGE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 by me. 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:

*Merle P. Keefe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merle P. Keefe

VP

2-18-97

941 4678

CP2E037 (9/96)