

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

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

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

3. Date Incorporated or Qualified

03/19/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LYNCH, DONALD  
STREET ADDRESS 3880 S.E. 29TH WAY TAYLOR CREEK LODGE  
CITY-ST-ZIP OKEECHOBEE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME KEEFER, MERLE  
STREET ADDRESS 3975 S.E. 29TH WAY TAYLOR CREEK LODGE  
CITY-ST-ZIP OKEECHOBEE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME WAGNER, HAROLD  
STREET ADDRESS 3801 S.E. 27TH WAY TAYLOR CREEK LODGE  
CITY-ST-ZIP OKEECHOBEE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME CHAMBLISS, HASKELL  
STREET ADDRESS 3800 S.E. 29TH WAY TAYLOR CREEK LODGE  
CITY-ST-ZIP OKEECHOBEE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME WILLIS, SHIRLEY  
STREET ADDRESS 3792 S.E. 29TH WAY TAYLOR CREEK LODGE  
CITY-ST-ZIP OKEECHOBEE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Merle P. Keefer

941 467 8565

9-26-98

CR2E037 (10/97)