

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001398 (5)

1. Corporation Name

LAKE COUNTY MOBILE/MANUFACTURED HOUSING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

03941 CITRUS CIRCLE
FRUITLAND PARK FL 34731

Mailing Address

03941 CITRUS CIRCLE
FRUITLAND PARK FL 34731

3. Date Incorporated or Qualified
03/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-3363064

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

GAMMON, JOHN F
03941 CITRUS CIRCLE
FRUITLAND PARK FL 34731

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 D P
NAME DROLSHAGEN, DONALD
STREET ADDRESS 97 JODI AVENUE
CITY-ST-ZIP LEESBURG FL 34788

1.1 TITLE DV
1.2 NAME Stephen Le Boutillier
1.3 STREET ADDRESS 3318 WEIKIVA RD
1.4 CITY-ST-ZIP TAVARES FL 32778

TITLE D
NAME DUPUIS, GERALD
STREET ADDRESS 191 PARADISE NO.
CITY-ST-ZIP LEESBURG FL 34788

2.1 TITLE DT
2.2 NAME FRED Volk
2.3 STREET ADDRESS 604 Sandpiper DR
2.4 CITY-ST-ZIP Leesburg, FL 34788

TITLE D S
NAME BARBOUR, ROBERT
STREET ADDRESS 1240 SUNSET DRIVE
CITY-ST-ZIP LEESBURG FL 34788

3.1 TITLE D
3.2 NAME John Gammon
3.3 STREET ADDRESS 03941 CITRUS CR
3.4 CITY-ST-ZIP Fruitland, FL 34731

TITLE D
NAME PARK, STEPHEN
STREET ADDRESS 2120 CHESAPEAKE PL.
CITY-ST-ZIP GRAND ISLAND FL 32735

4.1 TITLE D
4.2 NAME William Bader
4.3 STREET ADDRESS 194 N Lake Dr
4.4 CITY-ST-ZIP Leesburg, FL 34788

TITLE D
NAME SHAW, MILTON
STREET ADDRESS 55 KUMQUAT PL
CITY-ST-ZIP TAVARES FL 32778

5.1 TITLE D
5.2 NAME John Ferri
5.3 STREET ADDRESS 15130-89 Timber Village Rd
5.4 CITY-ST-ZIP Groveland, FL 34736

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Donald A Drolshagen Pres Donald A Drolshagen

Date

4/29/96

Daytime Phone #

352-128-8674

CR2E037 (12/95)