


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001398 (5)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**03941 CITRUS CIRCLE
FRUITLAND PARK FL 34731**

**03941 CITRUS CIRCLE
FRUITLAND PARK FL 34731-8465**



3. Date Incorporated or Qualified 03/22/1995	3a. Date of Last Report 05/01/1996
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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

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	DP	<input type="checkbox"/> DELETE
NAME	DROLSHAGEN, DONALD	
STREET ADDRESS	97 JODI AVENUE	
CITY-ST-ZIP	LEESBURG FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John F Gammon	
1.3 STREET ADDRESS	03941 Citrus Circle	
1.4 CITY-ST-ZIP	Fruitland Park FL 34731	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	VOLK, FRED	
STREET ADDRESS	604 SANDPIPER DRIVE	
CITY-ST-ZIP	LEESBURG FL	

2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steve Le Bontillier	
2.3 STREET ADDRESS	9318 Wakevia Rd	
2.4 CITY-ST-ZIP	Tamara, FL 32788-4824	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BARBOUR, ROBERT	
STREET ADDRESS	1240 SUNSET DRIVE	
CITY-ST-ZIP	LEESBURG FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paul Ludtke	
3.3 STREET ADDRESS	75 Lattice Dr	
3.4 CITY-ST-ZIP	Leesburg, FL 34788	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BADER, WILLIAM	
STREET ADDRESS	194 N LAKE DRIVE	
CITY-ST-ZIP	LEESBURG FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRI, JOHN	
STREET ADDRESS	15130 89 TIMBER VILLAGE ROAD	
CITY-ST-ZIP	GROVELAND FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Donald A Drolshagen Pres 4/24/97 352-728-8674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069697

CR2E037 (9/96)