

FILE NOW: FILING FEE IS \$61.25

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Jun 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001398

1. Corporation Name

LAKE COUNTY MOBILE-MANUFACTURED
HOUSING HOMEOWNERS ASSOCIATION INC

N95000001398

Principal Place of Business

Mailing Address

LAKE COUNTY 604 SANDPIPER DR
LEESBURG FLA 34788

2. Principal Place of Business

2a. Mailing Address

21 LAKE COUNTY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3-22-85

4. FEI Number

59-3363014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

81 Name

JOHN GAMMON

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

John J. Volk

Signature typed or printed name of registered agent and this applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME John Gammon

STREET ADDRESS 3941 Citrus Cir

CITY-ST-ZIP Fruitland Park, Fla. 34731

TITLE ☒ DELETE

NAME Vice Pres. Paul Lusthe

STREET ADDRESS 75 Lattice Dr

CITY-ST-ZIP Leesburg Fla 34788

TITLE ☒ DELETE

NAME Sec. Alloyd Ayers

STREET ADDRESS 854 Bishop Dr.

CITY-ST-ZIP Lady Lake Fla.

TITLE ☒ DELETE

NAME Treasurer Fred Volk

STREET ADDRESS 604 Sandpiper Dr.

CITY-ST-ZIP Leesburg Fla 34788

TITLE ☒ DELETE

NAME Bill Gader

STREET ADDRESS 1606 Wayward Walk

CITY-ST-ZIP Leesburg, Fla. 34748

TITLE ☒ DELETE

NAME Donald Brulshagen

STREET ADDRESS 97 Jodi Ave

CITY-ST-ZIP Leesburg Fla 34788

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR PRESIDENT ☐ Change ☒ Addition

12 NAME JOHN GAMMON D.P.

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME 100002562131

43 STREET ADDRESS -06/17/98--01008--007

44 CITY-ST-ZIP ***61.25

51 TITLE ☒ Change ☐ Addition

52 NAME Bob Bobrow - Dr.

53 STREET ADDRESS 1240 Sunset Dr.

54 CITY-ST-ZIP Leesburg 34788 - 5/6/16

61 TITLE ☐ Change ☒ Addition

62 NAME LOAN Russell

63 STREET ADDRESS 1684 Timber Ridge Cir.

64 CITY-ST-ZIP Leesburg Fla. 34748

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

FRED L. VOLK Fred J. Volk

5/19/98

CR2E037 (10/97)