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0060706

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001398

1. Corporation Name

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

Principal Place of Business

**604 SANDPIPER DRIVE
 LEESBURG FL 34788**

Mailing Address

**604 SANDPIPER DRIVE
 LEESBURG FL 34788**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

03/22/1995

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

9. Name and Address of Current Registered Agent

**VOLK, FRED
 604 SANDPIPER DRIVE
 LEESBURG FL 34788**

10. Name and Address of New Registered Agent

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

Fred F Volk

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GAMMON, JOHN	
STREET ADDRESS	3941 CITRUS CIRCLE	
CITY-ST-ZIP	FRUITLAND FL 34731	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LUDTHKE, PAUL	
STREET ADDRESS	75 LATTICE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	AYERS, DLOYD	
STREET ADDRESS	854 BISHOP DRIVE	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VOLK, FRED	
STREET ADDRESS	604 SANDPIPER DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADER, BILL	
STREET ADDRESS	1606 WAYWARD WALK	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PURSELL, JOAN	
STREET ADDRESS	1687 TIMBER RIDGE CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIM MUCKEY	
1.3 STREET ADDRESS	7320 HARBOR VIEW DR	
1.4 CITY-ST-ZIP	LEESBURG FL 34788	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TED OLDER	
2.3 STREET ADDRESS	04059-45 PILLICOLA RD	
2.4 CITY-ST-ZIP	FRUITLAND PARK FL 34731	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WALT BALCOM	
3.3 STREET ADDRESS	28944 HUBBARD ST #93	
3.4 CITY-ST-ZIP	LEESBURG FL 34748	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOB BARBOUR	
4.3 STREET ADDRESS	1240 SUNSET DR	
4.4 CITY-ST-ZIP	LEESBURG FL 34788	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARCIA HARVEY	
5.3 STREET ADDRESS	37901 MAYWOOD BAY DR	
5.4 CITY-ST-ZIP	LEESBURG FL 34788	
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 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, with all other like empowered.

SIGNATURE:

Fred F Volk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99
 Date

352-357 0884
 Daytime Phone #

CR2E037 (11/98)