

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N96000002272**

1. Corporation Name

**LUCKY'S LANDING MOBILE HOME OWNERS ASSN., INC.**

Principal Place of Business  
**133 BARRY AVE  
SUMMERLAND KEY FL 33042  
US**

Mailing Address  
**P O BOX 431403  
BIG PINE KEY FL 33043  
US**

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90020 023 \*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/22/1996  
4. FEI Number **65-0407282**  
**NOT APPLICABLE**

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WITZEL, MARIE P  
133 BARRY AVE.  
#15  
LITTLE TORCH KEY FL 33042-5609**

81 Name **ALICE H. GLENDENNING**  
82 Street Address, P.O. Box Number is Not Acceptable  
**133 BARRY AVE. #21**  
83  
84 City **SUMMERLAND KEY FL** 85 Zip Code **33042**

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 *Alice H. Glendenning - President* DATE **4/8/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAN, GEORGE	
STREET ADDRESS	133 BARRY AVE., #31	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042-5609	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOLINGER, BETTY	
STREET ADDRESS	133 BARRY AVE., #25	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042-5609	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WITZEL, MARIE	
STREET ADDRESS	133 BARRY AVE., #21	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042-5609	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GLENDENNING, ALICE	
STREET ADDRESS	133 BARRY AVE., #21	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042-5609	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, JOHN	
STREET ADDRESS	133 BARRY AVE., #39	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042-5609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALICE H. GLENDENNING	
1.3 STREET ADDRESS	133 BARRY AVE #21	
1.4 CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN MORRIS	
2.3 STREET ADDRESS	133 BARRY AVE. #39	
2.4 CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUDITH DEMPTON	
3.3 STREET ADDRESS	133 BARRY AVE. #38	
3.4 CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTY JOFFE	
4.3 STREET ADDRESS	133 BARRY AVE. #36	
4.4 CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM SAUNDERS	
5.3 STREET ADDRESS	133 BARRY AVE. #12	
5.4 CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARIE WITZEL	
6.3 STREET ADDRESS	133 BARRY AVE. #21	
6.4 CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	

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: *Alice H. Glendenning* DATE: **4/8/99** 305-972-4119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037-11/98