FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

N96000002874 (3) DOCUMENT #

LAKE DOWNEY MOBILE PARK HOMEOWNERS ASSOCIATION. INC.

Mailing Address

OLD DOWNEY CAR OF TOLANDO FLOR ORLANDO FL. SA 3. Date Incorporated or Qualified 05/24/1996 3a. Date of Last Report 2. Procipal Place of Business 21 9857 Down 4. FEI Number Mailing Address 9857 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing or lando orlando Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible taxunder s. 199.032, Yes No Florida Statutes 30 10. Name and Address of New Registered Agent

W. Richard Thoreen Attorney & Counselor at Law

Board Certified Civil Trial Lawyer Florida Bar Association

Couture

John Lewalski

Orlando

utes, the above-named corporation submits this statement for the purpose of changing its registered authorized by the corporation's board of directors. I hereby accept the appointment as registered Michigan Bar Association

13.

81

82

83 84 Name

OTE: Registered Agent signature required when reinstating)

Nations Bank Building, Suite 210 116 E. Altamonte Drive Altamonte Springs, FL 32701

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY - ST - ZIF

CITY-ST-ZiP

CITY-ST-ZIF

TITLE NAME

TITLE NAME

DILE

Telephone (407) 339-1812

Fax (407) 331-3187

Change ___ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition 21 TITLE 22 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP ☐ Addition Change 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE

uhara

FILED

Mar 20 1997 8:00am

Secretary of State

Applied For

Not Applicable

ho reea

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STHEET ADDRESS

5.4 CITY - ST - ZIP CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplimental 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

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE