

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26742

**FILED**  
**Mar 24, 2021**  
**Secretary of State**  
**8656727128CC**

**Entity Name:** SCHALAMAR CREEK MOBILE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4500 HWY. 92-E  
#1032  
LAKELAND, FL 33801

**Current Mailing Address:**

4500 HWY. 92-E  
#1032  
LAKELAND, FL 33801 US

**FEI Number: 59-2881178**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RAE, RICHARD  
1445 SCHALAMAR CREEK DRIVE  
LAKELAND, FL 33801 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: RICHARD RAE**

**03/24/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAE, RICHARD  
Address        4500 HWY. 92-E  
                  #1032  
City-State-Zip: LAKELAND FL 33801

Title            VP  
Name            BLACK, CAROL  
Address        4476 ARLINGTON PARK DRIVE  
City-State-Zip: LAKELAND FL 33801

Title            T  
Name            JOHNSON, BETTE  
Address        4740 CRESTWICKE DRIVE  
City-State-Zip: LAKELAND FL 33801

Title            SEC  
Name            MILLER, NORMA  
Address        4463 ALVAMAR TRL.  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            LIDSKY, BARBARA  
Address        1620 DARRINGTON LANE  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            SHERRY, ATWOOD  
Address        1433 SCHALAMAR CREEK DRIVE  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            HOWARD, JOE  
Address        4580 DUBLIN PLACE  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            GRAY, RANDY  
Address        1412 DEVERLY DRIVE  
City-State-Zip: LAKELAND FL 33801

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BETTE JOHNSON**

**TREASURER**

**03/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DRISKELL, JAMES  
Address        4500 HWY92E  
City-State-Zip: LAKELAND FL 33801

Title           DIRECTOR  
Name           ED, MYERS  
Address        4500 HWY92-E  
City-State-Zip: LAKELAND FL 33801