

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26742

FILED
Feb 29, 2020
Secretary of State
8973325951CC

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: No

Name and Address of Current Registered Agent:

FEATHERBAY, PHIL
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: PHIL FEATHERBAY

02/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FEATHERBAY, PHIL
Address 1445 SCHALAMAR CREEK DRIVE
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 GRIFFIN, BARBARA
Address 1539 CROOKED STICK LOOP
City-State-Zip: LAKELAND FL 33801

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

Title DIRECTOR
Name GLEDHILL, LINDA
Address 4561 AVALON CT
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 REID, VIRGINIA
Address 1148 ASHBORO CT
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name SMITH, SHELLEY
Address 1478 DEVERLY
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: BARBARA L GRIFFIN

TREASURER

02/29/2020

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