

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26742

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC0442023376**

**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:**

POOLER, SUZANNE MP.  
4622 DUFFER PL  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name POOLER, SUZANNE M  
Address 4622 DUFFER PL.  
City-State-Zip: LAKELAND FL 33801

Title VP  
Name ODLE, JERRY  
Address 1351 CHAMPION DR.  
City-State-Zip: LAKELAND FL 33801

Title T  
Name NOBLETT, SHIRLEY  
Address 4602 ALVAMAR TRAIL  
City-State-Zip: LAKELAND FL 33801

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

*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: NORMA MILLER**

**SECRETARY**

**01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date