

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26742

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC1633001195**

**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:**

SIMMONDS, RON  
4573 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: RON SIMMONDS**

**02/11/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIMMONDS, RON  
Address        4573 DUFFER PL.  
City-State-Zip: LAKELAND FL 33801

Title            VP  
Name            FLECK, BECKY  
Address        4612 DUFFER PL  
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

*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**

**02/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date