

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26742

**FILED**  
**Mar 10, 2022**  
**Secretary of State**  
**3377921117CC**

**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:**

4521 ARLINGTON PARK  
LAKELAND, FL 33801 US

**FEI Number: 59-2881178**

**Certificate of Status Desired: Yes**

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

RAE, RICHARD  
4521 ARLINGTON PARK 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**

**03/10/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAE, RICHARD  
Address        4521 ARLINGTON PARK DRIVE  
City-State-Zip: LAKELAND FL 33801

Title            VP  
Name            CARROLL, MAX  
Address        4631 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            SPANBAUER, LINDA  
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            HEFFELFINGER, DAN  
Address        4649 CEDARBROOK 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            BELLEW, GINNY  
Address        1310 SCHALAMAR CREEK 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 JANE JOHNSON**

**MS**

**03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BASFORD, JIM  
Address        1206 ASHBORO COURT  
City-State-Zip: LAKELAND FL 33801

Title           DIRECTOR  
Name           MEYERS, ED  
Address        4607 ARGYLE PLACE  
City-State-Zip: LAKELAND FL 33801