

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26742

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**2768874709CC**

**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:**

4631 ARLINGTON PARK  
LAKELAND, FL 33801 US

**FEI Number: 59-2881178**

**Certificate of Status Desired: Yes**

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

CARROLL, MAX  
4631 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: MAX CARROLL**

**01/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARROLL, MAX  
Address        4631 ARLINGTON PARK  
City-State-Zip: LAKELAND FL 33801

Title            VP  
Name            LANGLEY, DAVID  
Address        1366 CHAMPION 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            BRIDGES, DAVID  
Address        1574 CHAMPION DR  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            MOERMAN, MARY ANN  
Address        4553 ALPINE DRIVE  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            BELLEW, GINNY  
Address        1310 SCHALAMAR CREEK DRIVE  
City-State-Zip: LAKELAND FL 33801

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*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**

**TREASURER**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name CAPOBIANCO, MARYSE  
Address 1435 DEVERLY DRIVE  
City-State-Zip: LAKELAND FL 33801

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

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