

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90183 016 ****61.25

DOCUMENT # 701447 1. Entity Name SERTOMA CLUB OF LAKE LAND INCORPORATED					
Principal Place of Business 1747 GARY ROAD EAST LAKE LAND, FL 33801			Mailing Address P.O. BOX 273 LAKE LAND, FL		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2061811	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERMAN, STEPHEN D 1271 SCOTTS LAND DRIVE LAKE LAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, CHARLES 1747 GARY ROAD EAST LAKE LAND, FL 33801 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HERMAN, STEPHEN 1271 SCOTTS LAND DRIVE LAKE LAND, FL 33813 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASEY, SHARON 6792 TRAIL RIDGE DR. LAKE LAND, FL 33813 ☒ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VENTIMIGLIA, DEAN 3432 IMPERIAL LANE LAKE LAND, FL 33813 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEINSTEIN, RAOUL L 1533 LAGOON RD. LAKE LAND, FL 33803 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CONTI, ANTHONY 4421 HALLAMVIEW LN LAKE LAND, FL 33813 ☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Stephen D. Herman</u> STEPHEN D. HERMAN 4/26/05 863-701-7799 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					