## DOCUMENT # N0000002806 FILED May 08, 2002 8:00 am Secretary of State WATER OAK RESIDENT'S SOCIAL CLUB, INC. 05-08-2002 90157 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 106 EVERGREEN LN. 106 EVERGREEN LN. LADY LAKE FL 32159 LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3651267 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SENTNER, KEVIN A ESQ 104 S. OLD DIXIE HWY LADY LAKE FL 32159 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, TITLE Defete DD F President Change ☐ Addition NAME PAGNET, BILL Bill Payne RIQ PEET NAME STREET ADDRESS 819 PORTE STREET STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-7/P TITLE Detete TITLE Change **Addition** NAME SAYMAN, DIANNE KEN DAHLSTON NAME STREET ADDRESS 748 BISHOP OR 106 PALM DRIVE STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP LAKE FL LARY TITLE TREASURER Delete TITLE Change **Addition** NAME KLASSEN, SHIRLEY NAME JOE PAHL STREET-ADDRESS 202 BIRCH-STREET-STREET ADDRESS 909 LIETZKE LN City-St-ZIP LADY LAKE FL 32159 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition BUTLER, LINDA NAME NAME STREET ADDRESS 901 SUTTON DRIVE STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-7IP TITLE PIRECTOR Delete TITI F Addition X NAME Pullano, Tory LORI NAME BEST STREET ADDRESS 203 TOSK15 706 Water Oak blvd STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ANN

SIGNATURE:

LEWIS, CAROL

848 BISHOP DRIVE

LADY LAKE FL 32159

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

MAGA SULLEY
ANGUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/11/02

641 HICKORY HILL

LAKE

359-59-58

☐ Change

Addition