

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90020 002 ****61.25

DOCUMENT # N03682

1. Entity Name
**LADY LAKE AREA CHAMBER OF COMMERCE,
INCORPORATED**



Principal Place of Business

**106 S. US. HWY. 441
LADY LAKE, FL 32159 US**

Mailing Address

**P.O. BOX 1430
LADY LAKE, FL 32158**



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2501235

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHEPARD, BARBARA
1515 BUENOS AIRES BLVD
LADY LAKE, FL 32159**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **VIOLETTE, KEVIN**
STREET ADDRESS **511 N DIXIE AVE**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **V**
NAME **BANKS, RICK**
STREET ADDRESS **426 COUNTY RD 25**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **S**
NAME **DONOHUE, BARBARA**
STREET ADDRESS **410 N WEBSTER ST**
CITY-ST-ZIP **WILDWOOD, FL 34785**

TITLE **D**
NAME **MILLHORN, ERIC**
STREET ADDRESS **13710 HWY 441**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **D**
NAME **LAZO, JEANNIE**
STREET ADDRESS **13609 US HWY 441**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara Donohue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/07 352-787-8682