


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # N18204 1. Entity Name SUNLAKE SOCIAL CLUB, INC.		
Principal Place of Business 1103A ST LAWRENCE DRIVE GRAND ISLAND, FL 32735	Mailing Address 1103A ST LAWRENCE DRIVE GRAND ISLAND, FL 32735	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PRATHER, EDIE 2490 GRAND TRAVERSE CIRCLE GRAND ISLAND, FL 32735		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEPPY, JEANNETTE 2212 SUSQUEHANNA CIRCLE GRAND ISLAND, FL 32735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEAD, MAGGIE 2717 NIAGRA WAY GRAND ISLAND, FL 32735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIGDON, NORMA 2745 GRAND TRAVERSE CIRCLE GRAND ISLAND, FL 32735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARMON, MARIE 1370 WARMWOOD DR GRAND ISLAND, FL 32735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRATHER, EDIE 2490 GRAND TRAVERSE CIRCLE GRAND ISLAND, FL 32735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Edie Prather</u> Edie Prather <u>11/01/04</u> <u>352-669-9916</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2745800	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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01/13/04-80033-023 61.25

**DO NOT WRITE
IN THIS SPACE**