


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90073 027 \*\*\*\*61.25

<b>DOCUMENT # N18204</b> 1. Entity Name <b>SUNLAKE SOCIAL CLUB, INC.</b>					
Principal Place of Business <b>1335 WARMWOOD DR. GRAND ISLAND, FL 32735</b>			Mailing Address <b>1335 WARMWOOD DR. GRAND ISLAND, FL 32735</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-2745800</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MIHELIC, CINDY 1335 WARMWOOD DR. GRAND ISLAND, FL 32735</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;">           SIGNATURE: <i>Cindy Mihelic</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <i>3/21/08</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD PRINCE, LOUISE 1660 SHADY LN GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete	TITLE	VD LOIS SPOHR 2140 CHESAPEAKE PL. GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, LOUISE		NAME	LOIS SPOHR	
STREET ADDRESS	1660 SHADY LN		STREET ADDRESS	2140 CHESAPEAKE PL.	
CITY-ST-ZIP	GRAND ISLAND, FL 32735		CITY-ST-ZIP	GRAND ISLAND, FL 32735	
TITLE	PD GINNY, ROBINSON 1285 WARMWOOD DR. GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINNY, ROBINSON		NAME		
STREET ADDRESS	1285 WARMWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND, FL 32735		CITY-ST-ZIP		
TITLE	VD PETRELLA, DOROTHY 1395 WARMWOOD DR GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete	TITLE	VD LOUISE PRINCE 1660 SHADY LANE GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRELLA, DOROTHY		NAME	LOUISE PRINCE	
STREET ADDRESS	1395 WARMWOOD DR		STREET ADDRESS	1660 SHADY LANE	
CITY-ST-ZIP	GRAND ISLAND, FL 32735		CITY-ST-ZIP	GRAND ISLAND, FL 32735	
TITLE	SD COLE, ELAINE 1735 SHADY LN GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, ELAINE		NAME		
STREET ADDRESS	1735 SHADY LN		STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND, FL 32735		CITY-ST-ZIP		
TITLE	TD MIHELIC, CINDY 1335 WARMWOOD DR. GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHELIC, CINDY		NAME		
STREET ADDRESS	1335 WARMWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND, FL 32735		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Cindy Mihelic</i>		<i>3/21/08</i>		<i>669-8080</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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