

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90025 012 \*\*\*\*61.25

<b>DOCUMENT # N36354</b>					
<b>1. Entity Name</b> THE VILLAGE AT SCOTT LAKE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5125 HANOVER LANE LAKELAND, FL 33813 US			<b>Mailing Address</b> 5125 HANOVER LANE LAKELAND, FL 33813 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3000579	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WORTMAN, JOSEPH B 5063 WINDOVER LANE LAKELAND, FL 33813			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> WORTMAN, JOSEPH B 5063 HANOVER LANE LAKELAND, FL 33813		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5063 WINDOVER LANE	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> HARTMAN, RICHARD 5076 HANOVER LANE LAKELAND, FL 33813		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5076 WINDOVER LANE	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> OBERHOFER, JOHN 5071 HANOVER LANE LAKELAND, FL 33813		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5071 WINDOVER LANE	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> MCKNIGHT, JOHN 5007 HANOVER LANE LAKELAND, FL 33813		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5009 HANOVER LANE	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> MARTORANA, JOHN 5148 HANOVER LANE LAKELAND, FL 33813		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>John C. McKnight</u> <b>JOHN C. MCKNIGHT</b> 1/28/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					