2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 18, 2007 Secretary of State

Entity Name: FLORIDA LAKE MANAGEMENT SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 1008 LITTLE FAWN COURT APOPKA, FL 32712 **Current Mailing Address: New Mailing Address:** PO BOX 950701 LAKE MARY, FL 327460701 FEI Number: 52-1754014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UTEGG, MARYANN 1008 LITTLE FAWN COURT APOPKA, FL 32712 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GRIFFIN, JAMES BURNS, JOHN Name: Name: 3650 SPECTRUM BLVD., STE. 185 Address: 506 EMMETT STREET Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: PALATKA, FL 32177 Title: Title: () Delete (X) Change () Addition Name: BURNS, JOHN Name: FORD, CLELL Address: 701 SAN MARCO BLVD., SUITE 1201 Address: 4505 GEORGE BLVD. City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: SEBRING, FL 33875 Title: () Delete Title: () Change () Addition JEANSONNE, MICHELLE Name: Name: Address: PO BOX 1429 Address: City-St-Zip: PALATKA, FL 32178 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PERRY, MICHAEL Name: 107 N. LAKE AVE Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: Title: () Delete Title: () Change () Addition COVENEY, MICHAEL Name: Name: PO BOX 1429 Address: Address: City-St-Zip: PALATKA, FL 32178 City-St-Zip: Title: () Delete Title: (X) Change () Addition FORD, CLELL MONTALVO, MARTIN Name: Name: Address: 4505 GEORGE BLVD. Address: 601 E. KENNEDY BLVD, 22ND FLOOR SEBRING, FL 33875 TAMPA, FL 33601 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. PERRY T 01/18/2007