

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005653

FILED
Feb 25, 2008
Secretary of State

Entity Name: FLORIDA LAKE MANAGEMENT SOCIETY, INC.

Current Principal Place of Business:

1008 LITTLE FAWN COURT
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 950701
LAKE MARY, FL 327460701

New Mailing Address:

FEI Number: 52-1754014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UTEGG, MARYANN
1008 LITTLE FAWN COURT
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BURNS, JOHN
Address: 506 EMMETT STREET
City-St-Zip: PALATKA, FL 32177

Title: V () Delete
Name: FORD, CLELL
Address: 4505 GEORGE BLVD.
City-St-Zip: SEBRING, FL 33875

Title: S () Delete
Name: JEANSONNE, MICHELLE
Address: PO BOX 1429
City-St-Zip: PALATKA, FL 32178

Title: T () Delete
Name: PERRY, MICHAEL
Address: 107 N. LAKE AVE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: COVENEY, MICHAEL
Address: PO BOX 1429
City-St-Zip: PALATKA, FL 32178

Title: D () Delete
Name: MONTALVO, MARTIN
Address: 601 E. KENNEDY BLVD, 22ND FLOOR
City-St-Zip: TAMPA, FL 33601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORD, CLELL
Address: 4505 GEORGE BLVD.
City-St-Zip: SEBRING, FL 33875

Title: V (X) Change () Addition
Name: PATEL, SHAILESH
Address: 5889 S. WILLIAMSON BLVD, SUITE 1407
City-St-Zip: PORT ORANGE, FL 32128

Title: S (X) Change () Addition
Name: CARTER-WETZEL, SHANNON
Address: 520 W. LAKE MARY BLVD, SUITE 200
City-St-Zip: SANFORD, FL 32773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HANLON, CHUCK
Address: P.O. BOX 24680
City-St-Zip: WEST PALM BEACH, FL 33416

I hereby certify that the information supplied with this filing does not qualify 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

02/25/2008

Electronic Signature of Signing Officer or Director

Date