

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730954

**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC3598325225**

**Entity Name:** LAKE SHARON INCORPORATED

**Current Principal Place of Business:**

#1 KATHY LANE  
LAKE SHARON ESTATES  
FREEPORT, FL 32439

**Current Mailing Address:**

#1 KATHY LANE  
LAKE SHARON ESTATES  
FREEPORT, FL 32439

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCORMICK, LAWRENCE J  
159 KATHY LANE EAST  
FREEPORT, FL 32439 US

*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:** LAWRENCE J. MCCORMICK

01/24/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCCORMICK, LARRY J  
Address        159 KATHY LANE EAST  
City-State-Zip: FREEPORT FL 32439

Title            DIRECTOR  
Name            RODRIGUEZ, KENNETH  
Address        205 HICKORY ST.  
City-State-Zip: FREEPORT FL 32439

Title            TREASURER  
Name            DYSH, KIMBERLY  
Address        37 DARRELL COURT  
City-State-Zip: FREEPORT FL 32439

Title            SECRETARY  
Name            RODGIGUEZ, MELISSA  
Address        97 DARRELL CT.  
City-State-Zip: FREEPORT FL 32439

Title            VP  
Name            DUVAL, MEL  
Address        73 KATHY LANE EAST  
City-State-Zip: FREEPORT FL 32439

Title            DIRECTOR  
Name            MERKEL, CHUCK PHD  
Address        23 KATHY LANE EAST  
City-State-Zip: FREEPORT FL 32439

Title            DIRECTOR  
Name            STOER, ERIK  
Address        145 KATHY LANE EAST  
City-State-Zip: FREEPORT FL 32439

*I hereby 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 all other like empowered.*

**SIGNATURE:** LARRY MCCORMICK

**PRESIDENT**

01/24/2015

Electronic Signature of Signing Officer/Director Detail

Date