

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730954

**Entity Name:** LAKE SHARON INCORPORATED

**Current Principal Place of Business:**

#1 KATHY LANE  
LAKE SHARON ESTATES  
FREEPORT, FL 32439

**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC8389982355**

**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:**

MIXON, STEVEN E  
93 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: STEVEN E. MIXON**

**02/19/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MIXON, STEVEN E  
Address 93 KATHY LANE EAST  
City-State-Zip: FREEPORT FL 32439

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

Title T  
Name ROBERSON, ANNE  
Address 62 PETERS COURT  
City-State-Zip: FREEPORT FL 32439

Title S  
Name MOTT, BRIANNA  
Address 234 KATHY LANE EAST  
City-State-Zip: FREEPORT FL 32439

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

Title D  
Name CLAPP, CAMELIA  
Address 55 KATHY LANE EAST  
City-State-Zip: FREEPORT FL 32439

Title D  
Name WEBER, MARY ANN  
Address 54 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: STEVEN E. MIXON**

**PRESIDENT**

**02/19/2013**

Electronic Signature of Signing Officer/Director Detail

Date