

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90082 030 \*\*\*550.00

**DOCUMENT # 214461**

1. Entity Name  
**LAKE REGION YACHT AND COUNTRY CLUB INC**



Principal Place of Business  
**4200 COUNTRY CLUB ROAD SOUTH  
WINTER HAVEN, FL 33881**

Mailing Address  
**4200 COUNTRY CLUB ROAD SOUTH  
WINTER HAVEN, FL 33881**

**50061698**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-0904898**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, BOBBY V  
1066 NASH DRIVE  
KISSIMMEE, FL 34747**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **HARTWELL, JOHN**  
STREET ADDRESS **108 PAINE DRIVE SW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **S** ☐ Change ☒ Addition  
NAME **Peggy Mitchell**  
STREET ADDRESS **3430 Hamilton Shores Drive N.**  
CITY-ST-ZIP **Winter Haven, FL 33881-5711**

TITLE **D** ☒ Delete  
NAME **ARRINGTON, WILLIAM S**  
STREET ADDRESS **1001 S. LAKE MARIAM DR.**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **D** ☐ Change ☒ Addition  
NAME **Vincent G. Carifi MD**  
STREET ADDRESS **128 Lake Region Circle**  
CITY-ST-ZIP **Winter Haven FL 33881**

TITLE **P** ☐ Delete  
NAME **ADAMS, BEN R**  
STREET ADDRESS **145 LAKE MARIAM RD.**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **P** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **SPILLAN, THOMAS W**  
STREET ADDRESS **5 PEACHTREE LANE SE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **T** ☐ Change ☒ Addition  
NAME **Stephen Saterbo**  
STREET ADDRESS **108 Campbell Drive**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **P** ☒ Delete  
NAME **BURNS, GERALD R**  
STREET ADDRESS **15 SKIDMORE ROAD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **D** ☐ Change ☒ Addition  
NAME **M.B. Wright**  
STREET ADDRESS **3200 Oak Tree Lane**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **D** ☒ Delete  
NAME **SPANJERS, A.J.**  
STREET ADDRESS **2100 CRUMP ROAD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Change ☒ Addition  
NAME **T.A. Martin**  
STREET ADDRESS **P.O. Box 216**  
CITY-ST-ZIP **Davenport, FL 33836**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/05

Date

(863) 324-6666

Daytime Phone #