# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2006 08:00 AM**
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**

02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0904898 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREY, BOBBY V
1066 NASH DRIVE
KISSIMMEE, FL 34747

**DO NOT WRITE IN THIS SPACE**

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 $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U000000478566
04/08/06-80011-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | S |
| NAME | MITCHELL, PEGGY |
| STREET ADDRESS | 343 HAMILTON SHORES DRIVE NORTH |
| CITY-ST-ZIP | WINTER HAVEN, FL 338815711 |
| TITLE | D |
| NAME | CARIFI, VINCENT G M.D. |
| STREET ADDRESS | 128 LAKE REGION CIRCLE |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 |
| TITLE | P |
| NAME | ADAMS, BEN R |
| STREET ADDRESS | 145 LAKE MARIAM RD. |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |
| TITLE | T |
| NAME | SATERBO, STEPHEN |
| STREET ADDRESS | 108 CAMPBELL DRIVE |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |
| TITLE | D |
| NAME | WRIGHT, M.B. |
| STREET ADDRESS | 3200 OAK TREE LANE |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |
| TITLE | D |
| NAME | MARTIN, T.A. |
| STREET ADDRESS | P.O. BOX 216 |
| CITY-ST-ZIP | DAVENPORT, FL 33836 |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 Date (863)324-6666 Daytime Phone #