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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000478566
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

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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: _____ 3/21/06 (863)324-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #