

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90164 019 ***150.00

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**

4001000

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Please note spelling of name

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

4/23/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davidson, David	
STREET ADDRESS	359 Niblick Circle	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vibral, Michael	
STREET ADDRESS	3311 Eagle Trace	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, M.B.	
STREET ADDRESS	3200 Oak Tree Lane	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Bobby V. Perez

4/23/07

(863)324-6666