

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 426764

(7)

1. Corporation Name

LAKE COMO CLUB, INC.

Principal Place of Business

20500 COT RD.  
LUTZ FL 33549

Mailing Address

20500 COT RD.  
LUTZ FL 33549-5100



3. Date Incorporated or Qualified

05/25/1973

3a. Date of Last Report

05/30/1996

4. FEI Number

59-1460039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 720 South Orange Avenue

Suite, Apt. #, etc.

22 City & State

23 Sarasota, Florida

24 Zip

34236

Country

25 USA

2a. Mailing Address

26 720 South Orange Avenue

Suite, Apt. #, etc.

27 City & State

28 Sarasota, Florida

29 Zip

34236

Country

30 USA

9. Name and Address of Current Registered Agent

COTTERILL, RONALD EDWARD  
20500 COT RD.  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

David M. Silberstein

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

720 South Orange Avenue

83

84 City

Sarasota

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the liabilities of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation's officer or director, or the registered agent, if applicable

David M. Silberstein

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/97

12. OFFICERS AND DIRECTORS

TITLE PVST ☒ DELETE  
NAME COTTERILL, RONALD E  
STREET ADDRESS 20500 COT RD.  
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☒ DELETE  
NAME COTTERILL, RONALD E  
STREET ADDRESS 20500 COT RD.  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T/D Change ☒ Addition  
1.2 NAME Kathleen A. Cotterill  
1.3 STREET ADDRESS 20500 Cot Road  
1.4 CITY-ST-ZIP Lutz, Florida 33549 Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on my attachment with an address.

SIGNATURE

Kathleen A. Cotterill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

(813) 949-5860

Date

Daytime Phone #

CR2E034 (9/96)