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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 426764

1. Corporation Name

LAKE COMO CLUB, INC.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90017 037 ***150.00



Principal Place	e of Business	Mailing Address			3 (001)(010)(110)(01)(1100)0 01(1100)	, * 818() MIN)(MIN)* C	1811 01811 1881	
720 S ORANGE AVE . 720 S ORANGE AVE SARASOTA FL 34236 US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/25/1973		·	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Api	plied For	١.
21		26			59-1460039		t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A		ľ
22		27			5. Certificate of Status Desired	Fee Re	quired	ĺ
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00	May Be	ĺ	
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	<i>y</i>	8. This corporation owes the current year I	ntangible		ĺ
24	25	29	30		Personal Property Tax.	☐ Yes	□No	ı
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registere	d Agent		ĺ
CU D	PEROTEIN DAVID M		81	Name				ĺ
SILBERSTEIN, DAVID M		•	82	Street Add	ress (P.O. Box Number is Not Acceptable)			ĺ
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SAR	ASOTA FL 34236		83	1				ĺ
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abov	e-named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its ointment as rec	registered distered	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	and 607.1508, Florida Statut f Florida. Such change was a ons of, Section 607.0505, Flo	es, the abov uthorized by rida Statutes	re-named con the corporati s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its ointment as rec	registered gistered	
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14. 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 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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

(813) 269-1148