

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701651

FILED  
Jul 13, 2006  
Secretary of State

**Entity Name:** LAKE REGION SPORTSMAN CLUB INC

**Current Principal Place of Business:**

4223 SHADOW WOOD COURT  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1104  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 59-2056578      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GABALDON, ADRIAN  
210 S. MAIN STREET  
AUBURNDALE, FL 33823      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WEIHRAUCH, BRAD  
Address: 136 HAWTHORNE ROAD, SE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VDP      ( ) Delete  
Name: HAWKINS, JIM  
Address: 6500 TIMBERLANE RD  
City-St-Zip: LAKE WALES, FL 33853

Title: STD      ( ) Delete  
Name: SMITH, JOEY  
Address: 4223 SHADOW WOOD COURT  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEY SMITH

STD

07/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date