

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711033

Entity Name: LAKE NANCY ASSOCIATION, INC.

FILED
Jan 11, 2004
Secretary of State

Current Principal Place of Business:

4421 OCEAN BLVD
SARASOTA, FL 342421316

New Principal Place of Business:

Current Mailing Address:

4421 OCEAN BLVD
SARASOTA, FL 342421316

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM D.
4421 OCEAN BOULEVARD
SARASOTA, FL 33581

Name and Address of New Registered Agent:

JOHNSON, WILLIAM D TREASUR
4421 OCEAN BOULEVARD
SARASOTA, FL 34242

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: WILLIAM D. JOHNSON

01/11/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOZIER, THOMAS,
Address: 523 REID ST.
City-St-Zip: SARASOTA, FL

Title: TD () Delete
Name: JOHNSON, WILLIAM D,
Address: 4421 OCEAN BLVD
City-St-Zip: SARASOTA, FL

Title: P () Delete
Name: JOHNSON, ANNE H,
Address: 4421 OCEAN BLVD
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: CORBUS, BURTON,
Address: 4550 HIGEL AVE.
City-St-Zip: SARASOTA, FL

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:

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 Section 119.07(3)(i), 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: WILLIAM D. JOHNSON

TREA

01/11/2004

Electronic Signature of Signing Officer or Director

Date