

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 711033

1. Entity Name
LAKE NANCY ASSOCIATION, INC.



Principal Place of Business

4421 OCEAN BLVD
SARASOTA, FL 34242-1316

Mailing Address

4421 OCEAN BLVD
SARASOTA, FL 34242-1316



02142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000315124
04/19/05-80024-004 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOZIER, THOMAS
523 REID ST.
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JOHNSON, WILLIAM D
4421 OCEAN BLVD
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHNSON, ANNE H
4421 OCEAN BLVD
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORBUS, BURTON
4550 HIGEL AVE.
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 617, 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:

William Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/05 941-923-4431