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1995 MAY - 1 PM 2:09

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 717110 (1)

1. Corporation Name

THE SCOTT LAKE ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001492022
-05/17/95--01153--005
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business: R.D. NOSUN, P.O. BOX 5347, LAKELAND FL 33807
Mailing Address: R.D. NOSUN, P.O. BOX 5347, LAKELAND FL 33807

3. Date Incorporated or Qualified: 09/09/1969
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2307882
Applied For: Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26

5. Certificate of Status Desired: \$8.75 Additional Fee Required

Suite, Apt. #, etc.: 22

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

City & State: 23

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

Zip: 24 Country: 25

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOSUN, R D
5175 TERRY LANE
LAKELAND FL 33813

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------|
| TITLE | P |
| NAME | POLLOCK, AL |
| STREET ADDRESS | 2 LOMA ALTA |
| CITY - ST - ZIP | LAKELAND, FL 00000 |
| TITLE | ST |
| NAME | NOSUN, R |
| STREET ADDRESS | 5142 LAKE VIEW BLVD |
| CITY - ST - ZIP | LAKELAND, FL 00000 |
| TITLE | D |
| NAME | LITTLE, B |
| STREET ADDRESS | LUCE ROAD |
| CITY - ST - ZIP | LAKELAND, FL 00000 |
| TITLE | D |
| NAME | DUNKMAN, P |
| STREET ADDRESS | SCOTT LAKE ROAD |
| CITY - ST - ZIP | LAKELAND, FL 00000 |
| TITLE | D |
| NAME | STERN, H M |
| STREET ADDRESS | BLUE HERON LANE |
| CITY - ST - ZIP | LAKELAND, FL 00000 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

2007
3-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Nosun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert D. Nosun

4/19/95 813-646-9663
Date Daytime Phone #