

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717110

(1)

1. Corporation Name

THE SCOTT LAKE ASSOCIATION, INC.

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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

59-2307882

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

24

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

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**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **POLLOCK, AL**
CITY-ST-ZIP **2 LOMA ALTA
LAKELAND, FL 00000**

TITLE ☐ DELETE

NAME **ST**
STREET ADDRESS **NOSUN, R**
CITY-ST-ZIP **5142 LAKE VIEW BLVD
LAKELAND, FL 00000**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **LITTLE, B**
CITY-ST-ZIP **LUCE ROAD
LAKELAND, FL 00000**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DUNKMAN, P**
CITY-ST-ZIP **SCOTT LAKE ROAD
LAKELAND, FL 00000**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **STERN, H M**
CITY-ST-ZIP **BLUE HERON LANE
LAKELAND, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

4/3/96 941-646-9663

Date

Daytime Phone #

CR2E037 (12/95)