


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 717110
 1. Entity Name
THE SCOTT LAKE ASSOCIATION, INC.



Principal Place of Business P.O. BOX 5347 LAKELAND, FL 33807	Mailing Address P.O. BOX 5347 LAKELAND, FL 33807
--	--



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2307881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOSUN, R D
 5175 TERRY LANE
 LAKELAND, FL 33813

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLLOCK, AL
STREET ADDRESS	2 LOMA ALTA
CITY-ST-ZIP	LAKELAND, FL
TITLE	T
NAME	NOSUN, R.D.
STREET ADDRESS	5175 TERRY LANE
CITY-ST-ZIP	LAKELAND, FL
TITLE	S
NAME	MCCONNELL, PAT
STREET ADDRESS	5515 SCOTT VIEW LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	P
NAME	CURRY, D.
STREET ADDRESS	1102 LAKE POINT DRIVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	HARPER, ROBERT
STREET ADDRESS	5508 SCOTT LAKE RD
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	RODDA, J.
STREET ADDRESS	5718 COVEVIEW DRIVE
CITY-ST-ZIP	LAKELAND, FL

100000173716
 01/07/05-80029-020 61.25

DO NOT WRITE 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: *Robert Harper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____