


**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.	
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Principal Place of Business P.O. BOX 5347 LAKELAND, FL 33807	Mailing Address P.O. BOX 5347 LAKELAND, FL 33807
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2307881	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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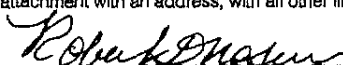
10. OFFICERS AND DIRECTORS

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

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01/07/05-80029-020 61.25

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____