2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717110

FILED Jul 06, 2006 Secretary of State

Entity Name: THE SCOTT LAKE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 5347 LAKELAND, FL 33807 **Current Mailing Address: New Mailing Address:** P.O. BOX 5347 LAKELAND, FL 33807 FEI Number: 59-2307881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOSUN, R D 5175 TERRY LANE LAKELAND, FL 33813 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition POLLOCK, AL, Name: Name: 2 LOMA ALTA Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: NOSUN, R.D. Name: NOSUN, R.D. Address: 5175 TERRY LANE Address: 5175 TERRY LANE City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL 33813 US Title: (X) Delete Title: () Change () Addition MCCONNELL, PAT Name: Name: Address: 5515 SCOTT VIEW LANE Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: CURRY, D. Name: CURRY, D. 1102 LAKE POINT DRIVE 1102 LAKE POINT DRIVE Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL 33813 US Title: () Delete Title: (X) Change () Addition HARPER, ROBERT HARPER, ROBERT Name: Name: 5508 SCOTT LAKE RD 5508 SCOTT LAKE RD Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL 33813 US Title: () Delete Title: (X) Change () Addition RODDA, J. RODDA J Name: Name: Address: 5718 COVEVIEW DRIVE Address: 5718 COVEVIEW DRIVE LAKELAND, FL City-St-Zip: LAKELAND, FL 33813 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R D NOSUN T 07/06/2006