

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# 717110

Entity Name: THE SCOTT LAKE ASSOCIATION, INC.

**Current Principal Place of Business:**

5175 TERRY LANE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

5175 TERRY LANE  
LAKELAND, FL 33813 US

**New Mailing Address:**

FEI Number: 59-2307881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOSUN, R D  
5175 TERRY LANE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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:**

Title: T ( ) Delete  
Name: NOSUN, R.D.  
Address: 5175 TERRY LANE  
City-St-Zip: LAKELAND, FL 33813 US

Title: P ( ) Delete  
Name: CURRY, D.  
Address: 1102 LAKE POINT DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

Title: D ( ) Delete  
Name: HARPER, ROBERT  
Address: 5508 SCOTT LAKE RD  
City-St-Zip: LAKELAND, FL 33813 US

Title: D ( ) Delete  
Name: MUTZ, OZ  
Address: 5119 LAKE OF THE WOODS BLVD.  
City-St-Zip: LAKELAND, FL 33813 US

Title: D ( ) Delete  
Name: BARNETT, HOYT  
Address: 5815 LIVE OAD ROAD  
City-St-Zip: LAKELAND, FL 33813 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT NOSUN

T

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date