

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90011 039 \*\*\*\*61.25

**DOCUMENT # 718623**

1. Entity Name  
**DEFENDERS OF CROOKED LAKE, INC.**



Principal Place of Business  
**1430 NORTH CROOKED LAKE DR  
BABSON PARK, FL 33827**

Mailing Address  
**PO BOX 191  
BABSON PARK, FL 33827 US**

**40099112**



**DO NOT WRITE IN THIS SPACE**

02052008 No Chg-NP

CR2E037 (4/06)

**08**

4. FEI Number  
**59-2522730**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHOTMAN, TOM  
1430 NORTH CROOKED LAKE DR  
BABSON PARK, FL 33827**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: **SD**  
NAME: **MCXEEMAN, PATTY**  
STREET ADDRESS: **211 CATHERINE AVE**  
CITY-ST-ZIP: **BABSON PARK, FL**  
**VICE PRESIDENT**

TITLE: **PD**  
NAME: **SCHOTMAN, TOM**  
STREET ADDRESS: **1430 NORTH CROOKED LAKE DR.**  
CITY-ST-ZIP: **BABSON PARK, FL 33827**  
**PRESIDENT**

TITLE: **TD**  
NAME: **WOODWARD, JANIS E**  
STREET ADDRESS: **1377 HOLLISTER ROAD**  
CITY-ST-ZIP: **BABSON PARK, FL 33827**

TITLE: **TREASURER**  
NAME: **MADE ARMSTRONG**  
STREET ADDRESS: **204 SEMINOLE PARK DR**  
CITY-ST-ZIP: **BABSON PARK, FL 33827**

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #