

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 728362

1. Entity Name
FRIENDSHIP VILLAGE OF LAKE LAND, INC.



Principal Place of Business
3802 NEW TAMPA HWY
LAKE LAND, FL 33815 US

Mailing Address
3802 NEW TAMPA HWY
LAKE LAND, FL 33815 US

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAUGHERTY, ROBERT
818 LEISURE LANE
LAKE LAND, FL 33815

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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, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAUGHERTY, ROBERT
STREET ADDRESS 818 LEISURE LANE
CITY-ST-ZIP LAKE LAND, FL 33815

TITLE T
NAME HART, SANDRA K
STREET ADDRESS 831 VILLAGE PL
CITY-ST-ZIP LAKE LAND, FL 33815

TITLE D
NAME MANNER, D. FRANK
STREET ADDRESS 823 VILLAGE PLACE
CITY-ST-ZIP LAKE LAND, FL 33815

TITLE VP
NAME KEMP, BARBARA
STREET ADDRESS 810 HARMONY LANE
CITY-ST-ZIP LAKE LAND, FL 33815

TITLE S
NAME KARSTEN, ROBERT
STREET ADDRESS 811 VILLAGE PLACE
CITY-ST-ZIP LAKE LAND, FL 33815

TITLE D
NAME PEEK, CAROL
STREET ADDRESS 3816 FRIENDSHIP BOULEVARD
CITY-ST-ZIP LAKE LAND, FL 33815

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03/01/07-80038-001 61.25

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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 #

SANDRA K. HART 2/16/07 863-838-5014