

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90073 031 \*\*\*\*61.25

**DOCUMENT # 736481**

1. Entity Name

LAKE GEORGE PONDEROSA CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 5122  
SALT SPRINGS FL 32134

P O BOX 5122  
SALT SPRINGS FL 32134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2871852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERYL, KNEHR  
9447 NE 307TH COURT  
SALT SPRINGS FL 32134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☒ Delete  
NAME BAILLIE, RUSSELL  
STREET ADDRESS 9443 NE 307TH CT  
CITY ST ZIP SALT SPRINGS FL 32134

TITLE P ☒ Change ☐ Addition  
NAME TAMMY BAKER  
STREET ADDRESS 4330 NE 305TH AVE.  
CITY ST ZIP SALT SPRINGS, FL 32134

TITLE P ☒ Delete  
NAME BAKER, THOMAS W  
STREET ADDRESS 30601 NE 95TH PL  
CITY ST ZIP SALT SPRINGS FL 32134

TITLE V ☒ Change ☐ Addition  
NAME ART SHARPE  
STREET ADDRESS 9427 NE 306TH CT  
CITY ST ZIP SALT SPRINGS, FL 32134

TITLE TS ☐ Delete  
NAME KNEHR, SHERYL  
STREET ADDRESS 9447 NE 307TH CT  
CITY ST ZIP SALT SPRINGS FL 32134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☒ Delete  
NAME SHARPE, ARTHUR J  
STREET ADDRESS 9427 NE 306TH CT  
CITY ST ZIP FORT MC COY FL 32134

TITLE D ☒ Change ☐ Addition  
NAME THOMAS BAKER  
STREET ADDRESS 30601 NE 95TH PL  
CITY ST ZIP SALT SPRINGS, FL 32134

TITLE D ☒ Delete  
NAME MATHIS, RICHARD  
STREET ADDRESS 9445 NE 307TH CT  
CITY ST ZIP SALT SPRINGS FL 32134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

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

SHERYL KNEHR

352  
11/22/07 685-3214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #