


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90040 035 ****61.25

DOCUMENT # 736481					
1. Entity Name LAKE GEORGE PONDEROSA CLUB, INC.					
Principal Place of Business P O BOX 5122 SALT SPRINGS, FL 32134			Mailing Address 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	01092008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2871852				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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: <u>Tammy Baker</u> Street Address (P.O. Box Number is Not Acceptable) <u>9330 NE 305th Ave</u> City: <u>Salt Springs</u> FL Zip Code: <u>32134</u>		
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: <u>[Signature]</u> <u>Tammy Baker (P)</u> <u>1-9-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	P BAKER, TAMMY 4330 NE 305TH AVE SALT SPRINGS, FL 32134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Baker, Tammy 9330 NE 305th Ave Salt Springs, FL 32134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHARPE, ART 9427 NE 306TH CT SALT SPRINGS, FL 32134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS KNEHR, SHERYL 9447 NE 307TH CT SALT SPRINGS, FL 32134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS ZIOIKOSKI, Tiffany 9350 NE 305th Ave. Salt Springs, FL 32134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, THOMAS 30601 NE 45TH PL SALT SPRINGS, FL 32134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <u>Tammy Baker (P)</u> <u>1-9-08</u> <u>(352) 685-9118</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					