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

## **FILED** Mar 21, 2008 8:00 am

|  |   |   |  | Secretary of State               |                      |   |                           |
|--|---|---|--|----------------------------------|----------------------|---|---------------------------|
| 1. Entity Nam  | MENT # 750845<br>On Lake no. 3, inc., a ci  |   | 03-21-2008 90024 037 ****61.25   |                                  |                      |   |                           |
|  |   |   |  | 7                                |                      |   |                           |
| 17TH WAY NORTH 4   |   | Mailing Address<br>4175 EAST BAY DR #2<br>CLEARWATER, FL 3376 |  | 400498                           | 364                  |   |                           |
|  |   |   |  |                                  |                      |   |                           |
| 2. Principal Place of Business - No P.O. Box # 3.  |   | 3. Mailing Address  |  |                                  | 00101/3W 103310W     |   |                           |
| Suite, Apt. #, etc   |   | Suite, Apt. #, etc.   |  | 02112008 <sub>C</sub>            | hg-NP                | CR2E037 (12/06)                             |                           |
| City & State   |   | City & State  |  | 4. FEI Number 59-204151          | 10                   | <del> </del>                                | plied For<br>t Applicable |
| Zip  | Country   | Zip   | Country  | 5. Certificate of S              |                      | \$8.75 Add                                  | litional                  |
|  | 6. Name and Address of Gurren   | L Registered Agent  |  | _ <del></del>                    |                      | nt  |                           |
|  |   |   | Nam RII  | SS, KIRK                         |                      |   | •                         |
| COMMUN   | ITY MANAGEMENT CONCER<br>AY DR., SUITE 205  | PTS, INC.   |  | CMC, INC                         |                      |   |                           |
| CLEAR  | HER, FL 33764   |   |  | 5 East Bay Dr.                   | Ste 205              |   |                           |
| //`  |   |   |  |                                  |                      |   |                           |
|  | "   |   |  | rwater, FL 33                    | 704                  | Zip Cod                                     | е                         |
| 8. The above   | named entity submits this statement f   | or the purpose of changing its                                | reaistered office or reaist  | tered agent, or both, in         | the State of Flo     | orida. I am familiar with.                  | and accept                |
| the obligat  | ions of registered agent.   | 71  |  | • • • •                          | 21                   | ,   | ,                         |
| }  | Kul +   | les   |  |                                  | 3/                   | 0/18  |                           |
| SIGNATURE  | Signature, typed or printed name of registered ager   | I and title if applicable. (NOTE                              | : Registered Agent signature requi   | ired when reinstating)           | - // 6               | DATE  |                           |
|  |   |   |  |                                  |                      | ***   | 48.5                      |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |   |   | 9. Election Campaign Financing Trust Fund Contribution.  |                                  |                      | lake check payable t<br>Ida Department of S |                           |
| 10.  | OFFICERS AND D  | IRECTORS  | 11.  | ADDITIONS/CHANG                  | ES TO OFFICE         | RS AND DIRECTORS IN                         | 110.                      |
| TITLE  | P   | ☐ Delete  | TITLE DI   | RECTOR                           |                      | ☐ Change                                    | Addition                  |
| NAME   | DOWN, SARA  |   | 5165.0°  |                                  |                      |   | 74                        |
| STREET ADDRESS CITY-ST-ZIP   | 8375 17TH WAY NORTH   |   | NAME J   | J. 201                           | S                    |   | 74                        |
|  |   | กว  | STREET ADDRESS 84  | J. LOY 45 U                      | Jay Non              | eth<br>= 2 707                              | 77                        |
|  | SAINT PETERSBURG, FL 337  |   | STREET ADDRESS 84<br>CITY-ST-ZIP 97  | T. LOY<br>1651749 W<br>PETERSBU  | 26,FC :              |   |                           |
| TITLE  | SAINT PETERSBURG, FL 3370   | Delete  | STREET ADDRESS CITY-ST-ZIP TITLE NAME  | T. LOY.<br>1651749U<br>PETERSBU  | RGFL:                | <b>CTH</b><br>33702<br>☐ Change             | Addition                  |
| TITLE  | SAINT PETERSBURG, FL 337  |   | STREET ADDRESS CITY-ST-ZIP TITLE   | T, LOY<br>165 1749 U<br>PETERSBU | RGFC:                |   |                           |
| TITLE<br>NAME  | SAINT PETERSBURG, FL 337<br>T<br>MAKARA, RUSS   | ☐ Detete  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME   | T, LOY<br>165 1749 U<br>PETERSBU | eday Non<br>86, FC : |   |                           |
| TITLE<br>NAME<br>STREET ADDRESS  | SAINT PETERSBURG, FL 3370<br>T<br>MAKARA, RUSS<br>8378 17TH WAY NORTH<br>SAINT PETERSBURG, FL 3370<br>VPD   | ☐ Detete  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | T, LOY<br>165 1749 U<br>PETERSBU | eday Nor<br>RGFL:    |   |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | SAINT PETERSBURG, FL 3370<br>T<br>MAKARA, RUSS<br>8378 17TH WAY NORTH<br>SAINT PETERSBURG, FL 3370<br>VPD<br>BUCKLEY, BOB   | □ Delete  | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | T. LOY<br>1651749U<br>PETERSBU   | LAY NON<br>86, FC:   | ☐ Change                                    | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | SAINT PETERSBURG, FL 3370 T MAKARA, RUSS 8378 17TH WAY NORTH SAINT PETERSBURG, FL 3370 VPD BUCKLEY, BOB 8412 17TH WAY NORTH   | □ Delete  | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | T. LOY<br>1651749U<br>PETERSBU   | Ay Non<br>86, FC:    | ☐ Change                                    | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | SAINT PETERSBURG, FL 337/<br>T<br>MAKARA, RUSS<br>8378 17TH WAY NORTH<br>SAINT PETERSBURG, FL 337/<br>VPD<br>BUCKLEY, BOB<br>8412 17TH WAY NORTH<br>ST. PETERSBURG, FL 33702  | □ Delete  □ Delete  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 165 179 U<br>PETERSBU            |                      | ☐ Change                                    | ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | SAINT PETERSBURG, FL 3370 T MAKARA, RUSS 8378 17TH WAY NORTH SAINT PETERSBURG, FL 3370 VPD BUCKLEY, BOB 8412 17TH WAY NORTH   | □ Delete  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 165 179 U<br>PETERSBU            |                      | ☐ Change                                    | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | SAINT PETERSBURG, FL 3370 T MAKARA, RUSS 8378 17TH WAY NORTH SAINT PETERSBURG, FL 3370 VPD BUCKLEY, BOB 8412 17TH WAY NORTH ST. PETERSBURG, FL 33702 D  | □ Delete  □ Delete  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 165 179 U<br>PETERSBU            |                      | ☐ Change                                    | ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | SAINT PETERSBURG, FL 3370 T MAKARA, RUSS 8378 17TH WAY NORTH SAINT PETERSBURG, FL 3370 VPD BUCKLEY, BOB 8412 17TH WAY NORTH ST. PETERSBURG, FL 33702 D CAMARRO, MICHAEL   | □ Delete  □ Delete  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 165 179 U<br>PETERSBU            |                      | ☐ Change                                    | ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE  | SAINT PETERSBURG, FL 337/T  MAKARA, RUSS 8378 17TH WAY NORTH SAINT PETERSBURG, FL 337/V  VPD BUCKLEY, BOB 8412 17TH WAY NORTH ST. PETERSBURG, FL 33702  D CAMARRO, MICHAEL 8378 17TH WAY NORTH ST PETERSBURG, FL 33702  S | □ Delete  □ Delete  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE | RECTOR- OF PAINTERS BU           |                      | ☐ Change                                    | ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | SAINT PETERSBURG, FL 337/T  MAKARA, RUSS 8378 17TH WAY NORTH SAINT PETERSBURG, FL 337/VPD BUCKLEY, BOB 8412 17TH WAY NORTH ST. PETERSBURG, FL 33702  D CAMARRO, MICHAEL 8378 17TH WAY NORTH ST PETERSBURG, FL 33702       | Delete  Delete  Delete  | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL       | 165 179 U<br>PETERSBU            |                      | ☐ Change ☐ Change ☐ Change                  | Addition 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.

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ST PETERSBURGH, FL

STREET ADDRESS 8375 17 WAY N

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

DIRECTOR CHERYL GOWEN 8411/190WHYNDETH ST. TETER STURG, FL 3370Z

727 - 544-8300

☐ Change