

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90035 033 \*\*\*\*61.25

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<b>DOCUMENT # 759855</b> 1. Entity Name <b>FOUR LAKES ASSOCIATION, INC.</b>					
Principal Place of Business 130 LITTLE ORANGE LAKE DR P.O. BOX 145 HAWTHORNE, FL 32640 US			Mailing Address 1 PO BOX 145 HAWTHORNE, FL 32640		
2. Principal Place of Business <i>190 Little Orange Lake Dr</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Hawthorne, FL</i>		City & State			
Zip <i>32640</i>	Country <i>Putnam</i>	Zip	Country	4. FEI Number <b>59-1967842</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  COUCH, MARGARET W 130 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640			7. Name and Address of New Registered Agent Name <i>Holland, Sallie (SARAH)</i> Street Address (P.O. Box Number is Not Acceptable) <i>190 Little Orange Lake Drive</i> City <i>Hawthorne</i> FL Zip Code <i>32640</i>		
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 <i>Sarah D. Holland</i> DATE <i>1/12/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, LEON 130 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARAH G. HOLLAND 190 LITTLE ORANGE LAKE DRIVE HAWTHORNE, FL 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLES, DELORES 118 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640	<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	T COUCH, MARGARET 130 LITTLE ORANGE LAKE DR. HAWTHORNE, FL 32640	<input checked="" 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	S LETTIS, NEIL 160 LITTLE ORANGE LAKE DR. HAWTHORNE, FL 32640	<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	P LETTIS, RENATA 160 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640	<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	Director <i>Hill, Nancy</i> <i>194 Little Orange Lake Dr</i> <i>Hawthorne, FL 32640</i>	<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: <i>Sarah D. Holland</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/15/06</i> (352) 481-5936 <small>Daytime Phone #</small>		