

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 759855

1. Entity Name
FOUR LAKES ASSOCIATION, INC.



Principal Place of Business
**190 LITTLE ORANGE LAKE DR
HAWTHORNE, FL 32640 US**

Mailing Address
**1 PO BOX 145
HAWTHORNE, FL 32640**



02082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1967842	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

**HOLLAND, SARAH
190 LITTLE ORANGE LAKE DR
HAWTHORNE, FL 32640**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-issuing) 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 NAME STREET ADDRESS CITY-ST-ZIP	T HOLLAND, SARAH G. 190 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLES, DELORES 118 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LETTIS, NEIL 160 LITTLE ORANGE LAKE DR. HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LETTIS, RENATA 160 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, NANCY 194 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000634181
02/21/07-80092-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Sarah G. Holland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 (352) 481-5936
Date Daytime Phone #