

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**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**



01182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1967842</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	HOLLAND, SARAH G
STREET ADDRESS	190 LITTLE ORANGE LAKE DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	D
NAME	BOYLES, DELORES
STREET ADDRESS	118 LITTLE ORANGE LAKE DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	S
NAME	LETTTS, NEIL
STREET ADDRESS	160 LITTLE ORANGE LAKE DR.
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	P
NAME	LETTTS, RENATA
STREET ADDRESS	160 LITTLE ORANGE LAKE DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	D
NAME	HILL, NANCY
STREET ADDRESS	194 LITTLE ORANGE LAKE DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000852585  
03/26/08-80035-006 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 March 6, 2008 481-5936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #