




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90061 001 ****61.25

DOCUMENT # 766690					
1. Entity Name LAKELAND YACHT AND COUNTRY CLUB, INC.					
Principal Place of Business 929 LAKE HOLLINGSWORTH DR. LAKELAND, FL 33803-3199			Mailing Address 929 LAKE HOLLINGSWORTH DR. LAKELAND, FL 33803-3199		
2. Principal Place of Business		3. Mailing Address		 01062004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-0530324	
				Applied For 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	
MARTIN, MICHAEL D. 400 FLORIDA FEDERAL BLDG LAKELAND, FL 33801				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	RCD	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RON		NAME		
STREET ADDRESS	6009 CRICKET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, JAMES B		NAME		
STREET ADDRESS	746 HANOVER WAY		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JIM		NAME		
STREET ADDRESS	2323 HOLLINGSWORTH HILL		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	PCD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTAWAY, JOHN		NAME		
STREET ADDRESS	P O BOX 407		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	RCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAM, JAMES III		NAME		
STREET ADDRESS	2015 BEACON BYWAY		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	STEVE BROOKER	
STREET ADDRESS			STREET ADDRESS	PO BOX 1722	
CITY-ST-ZIP			CITY-ST-ZIP	LAKELAND, FL 33802-1722	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  STEVE BROOKER 1/15/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Daytime Phone #					