2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 8:00 am Secretary of State 01-25-2006 90024 047 ****61.25

DOCUMENT # 766690 1. Entity Name LAKELAND YACHT AND COUNTRY CLUB, INC.					01	-25-2006	5 90024 047 ****6	51.25
	e of Business OLLINGSWORTH DR. FL 33803-3199		iling Address 29 LAKE HOLLINGSWORTH DR. IKELAND, FL 33803-3199			18 BY18 1 2 111 PB		MINA DI INDI
2 Principal P	face of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062006 Chg	-NP	CR2E037 (11/05)	
City & State		City & State		•	4. FEI Number 59-0530324		1 -1-	oplied For ot Applicable
Zip	Country	Zip	Country		5 Cartificate of Status Desired S8.75 Additional		ditional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Addre	ss of New F	ree Require	ed
A4ADTINI A			Name	9				
MARTIN, MICHAEL D. 400 FLORIDA FEDERAL BLDG LAKELAND, F.L. 33801			Stree	t Address (s (P.O. Box Number is Not Acceptable)			
	•		City				₽ I Zip Coo	lo.
			City				<u> </u>	
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent				ed agent, or som, in m	e State OF FR		ало ассері
		and the Pappingson. 1990	IE: Hegistered Agent au	gnature required	f when reinstating)		DATE	
•	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Ca	inpaign Financin Contribution.	g 🗆	\$5.00 May Be Added to Fees	Flo	flake check payable trida Department of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Ca Trust Fund	mpaign Financin Contribution.	g 🗆	\$5.00 May Be Added to Fees	Floor TO OFFICE	flake check payable to rida Department of S RS AND DIRECTORS IN	tate
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I nereby centry that the information supplied with this tilling 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.

863 680 258 2 Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: