

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H46042

FILED
Mar 19, 2009
Secretary of State

Entity Name: SIX LAKES COUNTRY CLUB, INC.

Current Principal Place of Business:

9151 LITTLETON ROAD
N. FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

9151 LITTLETON ROAD
N. FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 59-2504714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E.
14241 METROPOLIS AVE
SUITE 100
FT MYERS, FL 339120000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CONNOR, BOB
Address: 292 BOROS
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP () Delete
Name: OVERS, PETER
Address: 252 PALMER
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S () Delete
Name: POOLE, JANE
Address: 525 PALMER
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TRES () Delete
Name: BJORNSON, DON
Address: 506 CRAMPTON
City-St-Zip: N FT MYERS, FL 33903

Title: D () Delete
Name: JENKENS, RON
Address: 363 MIDDLECOFF
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: IVOSIC, IVAN
Address: 516 HOGAN
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CONNOR JR.

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date