

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002860	
1. Entity Name LAKE REGION COUNCIL ASSOCIATION, INC.	

Principal Place of Business 5873 COUNTY RD 352 KEYSTONE HEIGHTS, FL 32656	Mailing Address PO BOX 185 KEYSTONE HEIGHTS, FL 32656
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01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3656777	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARNHARDT, DENNIS
5873 COUNTY RD 352
KEYSTONE HEIGHTS, FL 32656

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 reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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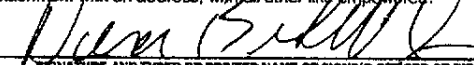
10. OFFICERS AND DIRECTORS

TITLE PD	NAME BARNHARDT, DENNIS
STREET ADDRESS 5873 COUNTY RD 352	CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656
TITLE VD	NAME BERKSON, BARRY
STREET ADDRESS 6754 BEDFORD LAKE DRIVE	CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656
TITLE SD	NAME STINSON, NELLIE
STREET ADDRESS 7789 TWIN LAKES RD	CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656
TITLE TD	NAME GILL, DUANE
STREET ADDRESS 5725 N. CRATER LAKE	CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

000000020175
01/29/04-00053-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jan 25 04 3524735100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #