

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002860

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** SAVE OUR LAKES ORGANIZATION, INC.

**Current Principal Place of Business:**

6579 IMMOKALEE ROAD  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 185  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

FEI Number: 59-3656777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, VIVIAN H  
6579 IMMOKALEE ROAD  
KEYSTONE HEIGHTS, FL 32656      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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KATZ, VIVIAN PRES  
Address: 6579 IMMOKALEE ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VD  
Name: CALIFANO, JOE V PRES  
Address: 6120 S. TWIN LAKES ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD  
Name: KING, JACQUELINE SEC  
Address: 275 S E LAKEVIEW DRIVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD  
Name: KATZ, SHERMAN TRE  
Address: 6579 IMMOKALEE ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERMAN KATZ

TD

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date