

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007417

1. Entity Name
FRIENDS OF LAKE LOUISA STATE PARK, INC.



Principal Place of Business
7305 US. HWY 27
CLERMONT, FL 34714

Mailing Address
7305 US. HWY 27
CLERMONT, FL 34714

FILED

08 APR 22 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3703043

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEARY, DANIEL E
7305 US. HWY 27
CLERMONT, FL 34714

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

[Signature of Daniel E. Cleary]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/10/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLEARY, DANIEL E	
STREET ADDRESS	15444 MARGAUX DR	
CITY-ST-ZIP	CLERMONT, FL 34714	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MELNTIRE, KATHY	
STREET ADDRESS	7305 US HWY 27	
CITY-ST-ZIP	CLERMONT, FL 34714	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLEARY, TERRI R	
STREET ADDRESS	15444 MARGAUX DR	
CITY-ST-ZIP	CLERMONT, FL 34714	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMON, MELANIE	
STREET ADDRESS	10540 LAKESHORE DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, RUDY	
STREET ADDRESS	11425 LAST CHANCE RD	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, MELANIE	
STREET ADDRESS	10540 LAKESHORE DR	
CITY-ST-ZIP	CLERMONT FL 34714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

See attached for additions

[Signature]

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

[Signature of Terri Cleary]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08

Date

352 394-5605

Daytime Phone #

ADDITIONS

V

CLARK, GARY
3808 EVERSOLT ST
CLERMONT, FL 34714

S

WILSON, ANGIE
8110 LAKE NELLIE RD.
CLERMONT, FL 34714

D

PARKER, CHRIS
11425 LASTCHANCE RD
CLERMONT, FL 34714

D

GIBSON, DOUG
12029 GARNET DR.
CLERMONT, FL 34711

D

CONK, CHRISTY
2255 MAJESTIC EAGLE CIR
CLERMONT, FL 34714

D

BALLESTEROS, TOM
6903 LAKE NELLIE RD.
CLERMONT, FL 34714



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 17, 2008

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify that The Friends of Lake Louisa State Park, Inc is a duly authorized citizen support organization under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to Section 617.0122, F.S., this filing is exempt from any fees when certified by this department.

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/mh

Enclosure