

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # N02000000654

1. Entity Name
LAKE MCCOY RESTORATION ASSOCIATION, INC.



Principal Place of Business
**557 WEKIVA LANDING DR
APOPKA, FL 32712**

Mailing Address
**557 WEKIVA LANDING DR
APOPKA, FL 32712**



03222004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESIGHAN, FRANK C
557 WEKIVA LANDING DR
APOPKA, FL 32712**

**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 reinstalling)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRENKOSKI, JAMES
1098 OAKPOINT CIR
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, DON
527 SIR ARTHUR CT
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FUGATE, JASON
470 SONGBIRD WAY
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WESIGHAN, FRANK C
557 WEKIVA LANDING DR
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000098599
03/29/04-80047-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

407-422-4310

Daytime Phone #