

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006815

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** LAKE WINNOTT SANDHILL CRANE ASSOCIATION, INC.

**Current Principal Place of Business:**

133 BAKERS ACRES  
MELROSE, FL 32666

**New Principal Place of Business:**

**Current Mailing Address:**

133 BAKERS ACRES  
MELROSE, FL 32666

**New Mailing Address:**

**FEI Number:** 22-3890018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUSTIN, MITZI C ESQ.  
4041 NW 37TH PLACE  
SUITE B  
GAINESVILLE, FL 32606 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: D ( ) Delete  
Name: CROCKER, TIM  
Address: 165 BAKER'S ACRES DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: PD ( ) Delete  
Name: HOLSBEKE, MATTHEW  
Address: 368 SE 3RD AVENUE  
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete  
Name: PARKER, NEVIL  
Address: 138 LAKE WINNOTT ROAD  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: ROEDER, JAMES  
Address: 137 SHORE SIDE WAY  
City-St-Zip: HAWTHORNE, FL 32640

Title: VD ( ) Delete  
Name: WHITE, JIM  
Address: 147 BAKER'S ACRES DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: ST ( ) Delete  
Name: DOUG, THERIAQUE  
Address: 138 LAKE WINNOTT ROAD  
City-St-Zip: HAWTHORNE, FL 32640

**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  
Name:  
Address:  
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW HOLSBEKE

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date