

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 016 ****61.25

DOCUMENT # N03000004004

1. Entity Name
UNITY OF THE LAKES, INC.



Principal Place of Business
**7465 SR 21 N
KEYSTONE HEIGHTS, FL 32656**

Mailing Address
**7465 SR 21 N
KEYSTONE HEIGHTS, FL 32656**

24058558



2. Principal Place of Business
6539 Brooklyn Bay Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1011
Suite, Apt. #, etc.

03102004 Chg-NP CR2E037 (10/03)

City & State
Keystone Heights, FL
Zip
32656
Country
USA

City & State
Melrose, FL
Zip
32666
Country
USA

4. FEI Number
47-0896204
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DALE, NANCY JO
780 N S.R. 21
MELROSE, FL 32666**

7. Name and Address of New Registered Agent
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 *Nancy Jo Dale*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, STONE W 456 N S.R. 21 HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALE, NANCY JO P.O. BOX 214 MELROSE, FL 32666	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAEMER, JUDY 1809 SE 10 TERR GAINESVILLE, FL 32641	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLEY, THERESA 6718 SW 100 LN GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAUER, PAM 3434 NW 53 TERR GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Marc H. Kalmanson 6539 Brooklyn Bay Rd. Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Janice Singletary P.O. Box 1011 Melrose FL 32666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nancy Jo Dale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 **352-475-5338**
Date Daytime Phone #