

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 23, 2011
Secretary of State

Entity Name: WEST PUTNAM LAKE REGION ASSOCIATION, INC.

Current Principal Place of Business:

186 E. COWPEN LAKE POINT ROAD
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

186 E. COWPEN LAKE POINT ROAD
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 20-0774527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEYSER, GAIL
186 EAST COWPEN LAKE POINT ROAD
HAWTHORNE, FL 32640 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: PRES
Name: HEYSER, GAIL
Address: 186 E. COWPEN LAKE PT. RD.
City-St-Zip: HAWTHORNE, FL 32640 US

Title: TRES
Name: ANDERSON, SARAH
Address: 119 KILLIAN DRIVE
City-St-Zip: HAWTHORNE, FL 32640 US

Title: DIR
Name: CROSBY, LINDA
Address: 5206 NW 33 TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DIR
Name: DEEN, JAN
Address: TWIN LAKES ROAD
City-St-Zip: HAWTHORNE, FL 32640 US

Title: SECY
Name: PECK, LINDA
Address: 100 WEST COWPEN LAKE ROAD
City-St-Zip: HAWTHORNE, FL 32640 US

Title: DIR
Name: PECK (DECEASED), GARY
Address: 100
City-St-Zip: WEST COWPEN LAKE ROAD, FL 32640 US

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: GAIL HEYSER

PRES

06/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date