

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90155 044 ****61.25

DOCUMENT # N05000009088

1. Entity Name
PONTOON YACHT CLUB OF LAKE COUNTY, INC.



Principal Place of Business
**11034 RIVERSIDE RD
LEESBURG, FL 34788**

Mailing Address
**11034 RIVERSIDE RD
LEESBURG, FL 34788**

50011057

2. Principal Place of Business
16925 Deer Island Rd.
Suite, Apt. #, etc.

3. Mailing Address
16925 Deer Island Rd.
Suite, Apt. #, etc.

01142006 Chg-NP CR2E037 (11/05)

City & State
Tavares, FL

City & State
Tavares, FL

4. FEI Number
59-3160780

Applied For
☐ Not Applicable

Zip
32778

Country

Zip
32778

Country

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

6. Name and Address of Current Registered Agent

**COON, DALE
11034 RIVERSIDE RD
LEESBURG, FL 34788**

7. Name and Address of New Registered Agent

Name **Hill, Timothy**
Street Address (P.O. Box Number is Not Acceptable)
16925 Deer Island Rd.
City **Tavares** FL Zip Code **32778**

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

Timothy Hill
(NOTE: Registered Agent signature required when reinstating)

4/9/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D HUBBERT, GARY 11034 RIVERSIDE RD LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDDLE, ROY 11034 RIVERSIDE RD LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, KAY 11034 RIVERSIDE RD LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGH, MERNA 11034 RIVERSIDE RD LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, BILL 11034 RIVERSIDE RD LEESBURG, FL 34788 <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	V Geiger, Gary 16925 Deer Island Rd. Tavares, FL 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coon, Dale 16925 Deer Island Rd. Tavares, FL 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weaver, Kay 16925 Deer Island Rd. Tavares, FL 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hubbert, Mitzie 16925 Deer Island Rd. Tavares, FL 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Van Meter, Jean 16925 Deer Island Rd. Tavares, FL 32278 <input type="checkbox"/> Change <input checked="" 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 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:

Timothy Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Hill

4/9/06
Date

352-253-0348
Daytime Phone #