2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# N05000009886

Entity Name: WESTCOTT LAKES, INC.

Current Principal Place of Business:

4250 LAKESIDE DR., STE. 214
C/O PRAXEIS LLC
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4250 LAKESIDE DR., STE. 214
C/O PRAXEIS LLC
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-3560940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEORGE, EUGENE O.
2750 RINGLING BLVD., STE. 3
SARASOTA, FL 34237 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: JAMES, JOANOS
Address: 106 E COLLEGE AVE STE 1200
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Change (X) Addition
Name: HINKLE, LEE
Address: 216 WES
City-St-Zip: TALLAHASSEE, FL 32306

Title: T ( ) Change (X) Addition
Name: D'ALEMBERTE, SANDY
Address: 425 W JEFFERSON ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Change (X) Addition
Name: BASS, RUTH
Address: 3375 C CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: M ( ) Change (X) Addition
Name: COWART, MARIE E DR
Address: FLORIDA STATE UNIVERSITY
City-St-Zip: TALLAHASSEE, FL 32306

Title: M ( ) Change (X) Addition
Name: SOLOMON, RAY DR
Address: 3114 MIDDLEBROOKS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES JOANOS D 04/07/2006

Electronic Signature of Signing Officer or Director — Date