


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90166 039 \*\*\*\*61.25

<b>DOCUMENT # N05000009886</b> 1. Entity Name <b>WESTCOTT LAKES, INC.</b>					
Principal Place of Business <b>4250 LAKESIDE DR., STE. 214</b> <b>C/O PRAXEIS LLC</b> <b>JACKSONVILLE, FL 32210</b>			Mailing Address <b>4250 LAKESIDE DR., STE. 214</b> <b>C/O PRAXEIS LLC</b> <b>JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3560940</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GEORGE, EUGENE O.</b> <b>2750 RINGLING BLVD., STE. 3</b> <b>SARASOTA, FL 34237</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to: <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <b>JAMES, JOANOS</b> <b>106 E COLLEGE AVE STE 1200</b> <b>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>T</b> <b>Walden, Gene</b> <b>5267 Commonwealth Ave</b> <b>Jacksonville, FL 32254</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VP</b> <b>HINKLE, LEE</b> <b>216 WES</b> <b>TALLAHASSEE, FL 32306</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>M</b> <b>Cowart, Marie E Dr.</b> <b>3029 O'Brien Drive</b> <b>Tallahassee, FL 32309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>T</b> <b>D'ALEMBERTE, SANDY</b> <b>425 W JEFFERSON ST</b> <b>TALLAHASSEE, FL 32301</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <b>Pankowski, Mary</b> <b>2644 Nantucket Lane</b> <b>Tallahassee, FL 32309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S</b> <b>BASS, RUTH</b> <b>3375 C CAPITAL CIRCLE NE</b> <b>TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>M</b> <b>COWART, MARIE E DR</b> <b>FLORIDA STATE UNIVERSITY</b> <b>TALLAHASSEE, FL 32306</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>M</b> <b>SOLOMON, RAY DR</b> <b>3114 MIDDLEBROOKS CIRCLE</b> <b>TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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.					
<b>SIGNATURE: <u>James Joanos</u> - JAMES JOANOS</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>04/19/2007</b> Daytime Phone # <b>850-224-9634</b>	

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04192007 Chg-NP CR2E037 (12/06)