

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 27, 2006  
Secretary of State**

DOCUMENT# N05000011383

Entity Name: CHAMBER ALLIANCE OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

103 S. 6TH STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 490309  
LEESBURG, FL 34749

**New Mailing Address:**

FEI Number: 20-3798035      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SAN FRATELLO, RAY  
691 W. MONTROSE STREET  
CLERMONT, FL 34711 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: P ( ) Delete  
Name: JOHNSON, ROBERT  
Address: P. O. BOX 255  
City-St-Zip: MOUNT DORA, FL 32756

Title: VP ( ) Delete  
Name: MAGRONE, NICK  
Address: 1524 SYLVAN DR  
City-St-Zip: MOUNT DORA, FL 32757

Title: T ( ) Delete  
Name: IRBY, GLENN  
Address: 360 W. RUBY ST  
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete  
Name: LARUE, DALE  
Address: 15 WEST ATWATER AV  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT D. JOHNSON

PRES

07/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date