

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002696

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** LAKEFRONT SCC PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1105 BEACH BOULEVARD  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 6271  
SUN CITY CENTER, FL 335716271

**New Mailing Address:**

**FEI Number:** 59-6130473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINES, JAMES P JR.  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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: PD  
Name: STROH, LAWRENCE J JR.  
Address: 1105 BEACH BOULEVARD  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD  
Name: HANDIN, EILEEN P  
Address: 1103 BEACH BOULEVARD  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD  
Name: JANES, SHEILA L  
Address: 1209 BEACH BOULEVARD  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD  
Name: KREHBIEL, JESSE D  
Address: 908 AUGUSTA DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D  
Name: REATHERFORD, RONALS G  
Address: 1005 BEACH BLVD  
City-St-Zip: SUN CITY CENTER, FL 33573

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: JESSE D KREHBIEL

TD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date