

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 024 ****61.25

DOCUMENT # N07000003077 1. Entity Name THE SPORTSMAN'S LODGE CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business BROAD RIVER PLACE WELAKA, FL 32193			Mailing Address BROAD RIVER PLACE WELAKA, FL 32193		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 79 Masters Drive Suite, Apt. #, etc.			
City & State Zip Country		City & State St. Augustine FL Zip Country 32084 USA		4. FEI Number 20-8853797 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ATKINS, ALVA C 13080 MANDARIN ROAD JACKSONVILLE, FL 32233			7. Name and Address of New Registered Agent Name Janice L. Herren Street Address (P.O. Box Number is Not Acceptable) The Neighborhood Managers, Inc 79 Masters Drive City St. Augustine FL Zip Code 32084		
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 <u><i>Janice L. Herren</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINS, ALVA C 13080 MANDARIN ROAD JACKSONVILLE, FL 32233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROURKE, MICHAEL A 4228 WICKS BRANCH RD ST AUGUSTINE, FL 320865566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Michael A. Rourke</i></u> 4/24/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		