## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000001050

Entity Name: LAKE LACROSSE, INC.

FILED Feb 14, 2012 Secretary of State

Current Principal Place of Business:

% ARNOLD, MATHENY & EAGAN, P.A. 605 E. ROBINSON STREET, SUITE 730

ORLANDO, FL 32801

Current Mailing Address:

**New Mailing Address:** 

**New Principal Place of Business:** 

% ARNOLD, MATHENY & EAGAN, P.A. 605 E. ROBINSON STREET, SUITE 730 ORLANDO, FL 32801

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

AM&E SERVICES LLC 605 E. ROBINSON STREET SUITE 730 ORLANDO, FL 32801 US

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: WILLIAMS, TONY

Address: 14521 PIONTE EAST TRAIL
City-St-Zip: CLERMONT, FL 34711

Title: VPD

Name: ZIELONKA, MIKE
Address: 1012 FOX TRAIL AVENUE
City-St-Zip: MINNEOLA, FL 34711

Title: S/D

Name: BROWN, LAURA
Address: 13547 LOBLOLLY LANE
City-St-Zip: CLERMONT, FL 34711

Title: T/D

Name: PEMBERTON, GLENN
Address: 120 LOMBARD CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title:

Name: HUMIENNY, DAVID
Address: 14722 PEPPERMILL TRAIL
City-St-Zip: CLERMONT, FL 34711

Title: [

Name: PETERSON, BRADLEY
Address: 10239 NORTHGLEN DRIVE
City-St-Zip: CLERMONT, FL 34711

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: LEHN E. ABRAMS RA 02/14/2012