

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16220

FILED
Apr 09, 2006
Secretary of State

Entity Name: EAST CROOKED LAKE CLUB, INCORPORATED

Current Principal Place of Business:

2410 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 US

New Principal Place of Business:

2451 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 US

Current Mailing Address:

2410 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 US

New Mailing Address:

2451 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 US

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

Name and Address of Current Registered Agent:

AMBS, WILLIAM
2410 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

AMBS, WILLIAM
2451 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 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: _____

04/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALES, SCOTT
Address: 2461 E CROOKED LAKE CLUB BLVD
City-St-Zip: EUSTIS, FL 32726 US

Title: VD () Delete
Name: BOATE, JOHN
Address: 2450 E. CROOKED LAKE CLUB BLVD.
City-St-Zip: EUSTIS, FL

Title: TD () Delete
Name: AMBS, WILLIAM
Address: 2431 E. CROOKED LAKE CLUB BLVD.
City-St-Zip: EUSTIS, FL

Title: S () Delete
Name: TRECEK, SUZANNE
Address: 2431 E. CROOKED LAKE CLUB BLVD.
City-St-Zip: EUSTIS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: AMBS, WILLIAM
Address: 2451 E. CROOKED LAKE CLUB BLVD.
City-St-Zip: EUSTIS, FL

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: WILLIAM AMBS

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04/09/2006

Electronic Signature of Signing Officer or Director

Date