


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90155 041 ****61.25

DOCUMENT # N18204 1. Entity Name SUNLAKE SOCIAL CLUB, INC.					
Principal Place of Business 1103A ST LAWRENCE DRIVE GRAND ISLAND, FL 32735			Mailing Address 1103A ST LAWRENCE DRIVE GRAND ISLAND, FL 32735		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2745800	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PRATHER, EDIE 2490 GRAND TRAVERSE CIRCLE GRAND ISLAND, FL 32735				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD HILLIARD, SCOTT 1410 SAINT LAWRENCE DRIVE GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Louise Prince 1660 Shady Ln Grand Island, FL 32735
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEAD, MAGGIE 2717 NIAGRA WAY GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FREDRICKS, GLORIA 1205 SUN MEADOW LANE GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Dorothy Petrella 1395 Warmwood Dr Grand Island, FL 32735
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARMON, MARIE 1370 WARMWOOD DR GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Elaine Cole SD Elaine Cole 1735 Shady Ln Grand Island, FL 32735
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PRATHER, EDIE 2490 GRAND TRAVERSE CIRCLE GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Edie Prather</i> Edie Prather 4/8/06 352-669-8316 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					