

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90003 050 ****61.25

DOCUMENT # N18498					
1. Entity Name VILLAGE LAKELAND LAKESIDE CLUB, INC					
Principal Place of Business THE CLUB HOUSE 3574 LAZY LAKE DRIVE, NORTH LAKELAND, FL 33801			Mailing Address THE CLUB HOUSE 3574 LAZY LAKE DRIVE, NORTH LAKELAND, FL 33801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06072007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2752600				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			7. Name and Address of New Registered Agent		
BAEHR, GEORGE 501 OAKRIDGE EAST LAKELAND, FL 33801			Name Darlene Finch Street Address (P.O. Box Number is Not Acceptable) 502 Leisure Place City Lakeland FL Zip Code 33801		
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 <i>Darlene Finch</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>June 9, 2007</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		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 P NAME LACOY, ROGER STREET ADDRESS 447 LEISURE PL CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE Pres. NAME David Sawtelle STREET ADDRESS 523 Skyline Dr. W. CITY-ST-ZIP Lakeland, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME CONNORS, JAMES STREET ADDRESS 528 BERKNOR DR CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE V PRES NAME Dennis Griefe STREET ADDRESS 538 Lazy Lake Dr. E. CITY-ST-ZIP Lakeland, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME DAVIS, JEANNE STREET ADDRESS 425 PERCH PL CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE Treas. NAME Jeri Cone STREET ADDRESS 3586 Lazy Lake Dr. N CITY-ST-ZIP Lakeland, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME MARTIN, BETTE STREET ADDRESS 546 OAK RIDGE EAST CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE Sec. NAME Darlene Finch STREET ADDRESS 502 Leisure Place CITY-ST-ZIP Lakeland, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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>Clarence D. Sawtelle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>6-9-07</i> Daytime Phone #		