

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90365 024 ****61.25

DOCUMENT # N25302					
1. Entity Name SCOTTWOOD EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4415 SELKIRK LANE EAST LAKELAND, FL 33813			Mailing Address 4415 SELKIRK LANE EAST LAKELAND, FL 33813		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2109 DUNBARTON WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAKELAND FL		4. FEI Number 59-2752331	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33813		33813		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COURTNEY, JON TREASUR 4415 SELKIRK LANE EAST LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name JANET CARRIER, TREASURER Street Address (P.O. Box Number is Not Acceptable) 2109 DUNBARTON WAY City LAKELAND FL Zip Code 33813		
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>Janet F. Carrier, Treasurer</u> 2-25-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing <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	D MICKLEWRIGHT, DONALD 2015 CHARNES COURT LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT MICKLEWRIGHT, DONALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYES, CHARLOTTE 2034 ROXBURGH LANE LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY HAYES, CHARLOTTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Courtney, Jon 4415 SELKIRK LANE E LAKELAND, FL 33813	<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	TREASURER JANET FORTIN-CARRIER 2109 DUNBARTON WAY LAKELAND FL 33813	<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	
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: <u>Janet F. Carrier Treasurer</u> 2-25-07 883 709-8755 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					