2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N25302 1. Entity Name SCOTTSWOOD EAST HOMEOWNERS ASSOCIATION, INC.								7 90365 024 ****6		
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. Malling Address 2109 DUNBAKTON WAY							
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			02042007	Chg-NP	CR2E037 (12/06)		
City & State		City & State LAKELAND FL		4	59-2752	331	 	pplied For ot Applicable		
Zip		Country	33813	Country	5	. Certificate o	f Status Desired	\$8.75 Ad		
6. Name and Address of Current Registered Agent					7,	. Name and A	ddress of New	Registered Agent		
COURTNEY, JON TREASUR					Name JANET CARRIER TREASURER					
4415 SELKIŘK LANE EAST LAKELAND, FL 33813				Street	Address (P.O). Box Number	is Not Accepta	ble) WAY		
				City		···				
8. The above named entity submits this statement for the purpose of changing its register					LAKELAND FL 338/3					
	named entity tions of regist		or the purpose of changing its	registered office of	r registered	agent, or both	, in the State of	Florida. I am familiar with	, and accept	
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SIGNATURE		or printed name of registered agent	t and title if applicable. (NOT	E: Registered Agent signs	KUNE FEQUÉROS BRUIS	en reinstating)		2-25-07 DATE	<u></u>	
	Signature, typed	e is \$61.25 lay 1, 2007	9. Election Ca Trust Fund	E: Registered Agent signs mpalgn Financing Contribution.	□ \$5 □ Ad	5.00 May Be	FI	Make check payable torida Department of 8	to State	
10.	Filing Fe	e is \$61.25	9. Election Ca Trust Fund (mpalgn Financing Contribution.	□ \$5 Ad	5.00 May Be ided to Fees DITIONS/CHAI	NGES TO OFFIC	Make check payable torida Department of S	to State	
	Filing February Micklew 2015 CHA	e is \$61.25 lay 1, 2007	9. Election Ca Trust Fund	mpalgn Financing Contribution.	ADD ADD YICE	5.00 May Be Ided to Fees DITIONS/CHAI PRESI	NGES TO OFFICE DENT RIGHT,	Make check payable to crida Department of State CERS AND DIRECTORS II	to State	
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12. Thereby certify that the information supplied with this filling does not quality 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TResurer

2-25-07

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