2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N25302

1. Entity Name
SCOTTSWOOD EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4415 SELKIRK LANE EAST LAKELAND, FL 33813	2109 DUNBARTON WAY LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2752331

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARRIER, JANET
2109 DURBARTON WAY
LAKELAND, FL 33813

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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 accep the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

000000790458
08/01/23/08-80033-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MICKLEWRIGHT, DONALD
STREET ADDRESS	2015 CHARNES COURT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	S
NAME	HAYES, CHARLOTTE
STREET ADDRESS	2034 ROXBURGH LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	P
NAME	COURTNEY, JON
STREET ADDRESS	4415 SELKIRK LANE E.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T
NAME	FORTIN-CARRIER, JANET
STREET ADDRESS	2109 DUNBARTON WAY
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 informatio 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet F. Carrier JANET F CARRIER 1-16-08 863-709-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #