

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90023 009 \*\*\*\*61.25

**DOCUMENT # N26036**

1. Entity Name

LAKE-SUMTER INTERGROUP, INC.



Principal Place of Business

2115-I CITRUS BLVD.  
LEESBURG FL 34748  
US

Mailing Address

2115-I CITRUS BLVD.  
SUITE 1  
LEESBURG FL 34748  
US

2. Principal Place of Business  
Same

3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2896099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLARD, JAMES T  
704 COACHWOOD EAST  
LEESBURG FL 34748

delete

Name

Ruth Ann Schurman

Street Address (P.O. Box Number is Not Acceptable)

25 Palm Drive

Yalaha, FL

City

FL

Zip 34797

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

*Ruth Ann Schurman*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 D ☒ Delete  
NAME BALLARD, JIM  
STREET ADDRESS 704 COACHWOOD EAST  
CITY-ST-ZIP LEESBURG FL 34748

TITLE CD ☒ Delete  
NAME ELLISON, BOB  
STREET ADDRESS 1761 W SCHWARTZ BLVD  
CITY-ST-ZIP LADY LAKE FL 32159

TITLE SD ☒ Delete  
NAME SCHORMAN, RUTH  
STREET ADDRESS 25 PALM DR.  
CITY-ST-ZIP YALAHIA FL 34797

TITLE TD ☒ Delete  
NAME WOODALL, WILLIAM H  
STREET ADDRESS 03510 SAILFISH AVENUE  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition  
NAME Jeff Pospisil  
STREET ADDRESS 1523 Grove Stree  
CITY-ST-ZIP Leesburg, FL 34748

TITLE V/P D ☒ Change ☐ Addition  
NAME Claudia Koenig  
STREET ADDRESS 1406 Sherman Ave.  
CITY-ST-ZIP Tavares, FL 32778

TITLE TD ☐ Change ☐ Addition  
NAME Ruth Ann Schurman  
STREET ADDRESS 25 Palm Drive  
CITY-ST-ZIP Yalaha, FL 34797

TITLE SD ☒ Change ☐ Addition  
NAME Trisha Pospisil  
STREET ADDRESS 1523 Grove St.  
CITY-ST-ZIP Leesburg, FL 34748

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ruth Ann Schurman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-05

50031792



1st MOORE

CR2E037 (10/04)