

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90045 024 \*\*\*\*61.25

**DOCUMENT # N26420**

1. Entity Name

**LILY LAKE GOLF & RV RESORT PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**171 LILY CREEK WAY  
FROSTPROOF FL 33843  
US**

Mailing Address

**171 LILY CREEK WAY  
FROSTPROOF FL 33843  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2894702**

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

**SCARBOROUGH, JERRY C.  
6603 US 27  
FROSTPROOF, FL 33843**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**P  
PETTINGER, JIM  
287 PINE LOOP  
FROSTPROOF FL 33843**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete

**VP  
BORDEAUX, GENE  
386 PINE LOOP  
FROSTPROOF FL 33843**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete

**TD  
SARDINHA, DOLORES  
199 BIG PINE AVE S  
FROSTPROOF FL 00000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete

**SD  
SPARKS, GORDON  
255 ALLIES PASS  
FROSTPROOF FL 33843**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete

**D  
FULNER, DAVID  
317 FAIRWAY BLVD.  
FROSTPROOF FL 33843**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *James C. Pettinger - Jim Pettinger 1/26/06 863-635-6611*