


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90144 044 ****61.25

DOCUMENT # N27498 1. Entity Name CROCKER'S LAKE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2470 BAHIA VISTA ST. SARASOTA, FL 34239			Mailing Address 595 BAY ISLES RD SUITE 201 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CALLANS, BETH 595 BAY ISLES RD SUITE 201 LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent Name Beth Callans Management Corp. Street A 595 Bay Isles Road Suite 200 City Longboat Key, FL. 34228 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 <u><i>Beth Callans</i></u> <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 \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHONEGG, EDWARD JR		NAME		
STREET ADDRESS	4255 PLAYERS PLACE		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34238		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEGLEY, DEBORAH		NAME		
STREET ADDRESS	4012 CROCKERS LAKE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34238		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	E'ELISEO, DARCI		NAME		
STREET ADDRESS	4110 WINNERS CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34238		CITY - ST - ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUDIN, TERRI		NAME		
STREET ADDRESS	2470 BAHIA VISTA ST		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34239		CITY - ST - ZIP		
TITLE	AD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALLANS, BETH		NAME		
STREET ADDRESS	4771 MAID MARIAN LN		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34232		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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><i>Beth Callans</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number **65-0094435** Applied For ☐ Not Applicable ☐

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