

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90068 041 \*\*\*\*61.25

**DOCUMENT # N33619**

1. Entity Name  
**THE SPORTSMAN'S LODGE RECREATION AREA  
ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 848  
WELAKA, FL 32193**

Mailing Address  
**79 MASTERS DR  
SAINT AUGUSTINE, FL 32084**

**40020160**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2996566**

Applied F.  
Not Applic

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.  
C/O C. JOHN CHRISTENSEN, ESQ.  
2500 MAITLAND CENTER PKWY., STE.209  
MAITLAND, FL 32714**

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

**Filing 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 **TD** ☐ Delete  
NAME **BARNES, ANNE**  
STREET ADDRESS **PO BOX 125**  
CITY-ST-ZIP **HASTINGS, FL 32145**

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

TITLE **D** ☐ Delete  
NAME **JOHNSON, MARK**  
STREET ADDRESS **PO BOX 374**  
CITY-ST-ZIP **WELAKA, FL 32193**

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

TITLE **P** ☐ Delete  
NAME **PIEACE, HARRY**  
STREET ADDRESS **8839 TILNEY CT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **P** ☒ Change ☐ Ad  
NAME **Pierce, Harry**  
STREET ADDRESS **8839 Tilney Ct**  
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE **SD** ☐ Delete  
NAME **BURNETT, MARY**  
STREET ADDRESS **3745 BEAUCLERE CIR N**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

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

TITLE **V** ☒ Delete  
NAME **BURNETT, LANE**  
STREET ADDRESS **3745 BEAUCLERE CIR N**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad  
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, changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **X [Signature]**