

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33619

FILED
Apr 01, 2011
Secretary of State

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

Current Principal Place of Business:

79 MASTERS DRIVE
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

79 MASTERS DR
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2996566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE NEIGHBORHOOD MANAGERS
79 MASTERS DRIVE
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: WELDON, ELAINE
Address: 1116 NATURES HAMMOCK ROAD NORTH
City-St-Zip: ST. AUGUSTINE, FL 32259 US

Title: PD
Name: PIERCE, HARRY
Address: 8839 TILNEY CT
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD
Name: SMITH, THOMAS
Address: 2729 BISHOP ESTATES ROAD
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: SD
Name: WEBB, KAREN
Address: 1076 NATURES HAMMOCK ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: D
Name: OAKES, CATHI
Address: 32 CORDOVA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARRY PIERCE

PD

04/01/2011

Electronic Signature of Signing Officer or Director

Date