2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # N36354

1. Entity Name
THE VILLAGE AT SCOTT LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5125 HANOVER LANE LAKELAND, FL 33813 US	5125 HANOVER LANE LAKELAND, FL 33813 US

DO NOT WRITE IN THIS SPACE

05222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3000579

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WORTMAN, JOSEPH B
5063 WINDOVER LANE
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WORTMAN, JOSEPH B
STREET ADDRESS	5063 HANOVER LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VD
NAME	HARTMAN, RICHARD
STREET ADDRESS	5076 HANOVER LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	SD
NAME	OBERHOFER, JOHN
STREET ADDRESS	5071 HANOVER LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	TD
NAME	MCKNIGHT, JOHN
STREET ADDRESS	5007 HANOVER LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VD
NAME	MARTORANA, JOHN
STREET ADDRESS	5148 HANOVER LA!
CITY-ST-ZIP	LAKELAND, FL 33
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/01/07-80002-007 61.25

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12. I hereby certify that the informat[illegible] applied 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 supp[illegible]tal 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 receive[illegible]ustee 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 [illegible] address, with all other like empowered.

SIGNATURE: John C. McKnight JOHN C. McKNIGHT 5/23/07 863-648-2859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #