


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90050 034 \*\*\*\*70.00

<b>DOCUMENT # N42549</b> 1. Entity Name <b>LAKES AT LEESBURG SOCIAL CLUB, INC.</b>					
Principal Place of Business <b>107 BUCCANEER DRIVE LEESBURG FL 34788</b>			Mailing Address <b>107 BUCCANEER DRIVE LEESBURG FL 34788</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2764834</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BURT, JAMES H SR. 149 SEA FERN DRIVE LEESBURG FL 34788</b>				7. Name and Address of New Registered Agent Name <b>NORMAN R. JENNINGS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7 CEDAR KEY WAY</b> City <b>LEESBURG</b> FL <b>34788</b>	
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 <b>NORMAN R. JENNINGS, TREASURER</b> <i>Norman R. Jennings</i> <b>2-3-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, JACQUELINE A 6 CEDAR KEY WAY LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKSON, MARJORIE 21 LATTICE DR. LEESBURG, FL 34788
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURT, JAMES H SR 149 SEA FERN DRIVE LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NORMAN R. JENNINGS 7 CEDAR KEY WAY LEESBURG, FL 34788
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VOEHRINGER, RALPH 81 BUCCANEER DRIVE LEESBURG FL 34788	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT COURAD MERRILL 151 SEA FERN DR. LEESBURG, FL 34788
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAILEY, PATRICIA 101 SEA FERN DRIVE LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARGER, LEWIS B 20 BAYBERRY DRIVE LEESBURG FL 34788	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT CHASM, BETTY 32 SUGARBOAT DRIVE LEESBURG FL 34788	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/04)

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Norman R. Jennings*  
**NORMAN R. JENNINGS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-05** **(352) 314-5029**  
Date Daytime Phone #