


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90025 045 ****70.00

DOCUMENT # N42549 1. Entity Name LAKES AT LEESBURG SOCIAL CLUB, INC.					
Principal Place of Business 107 BUCCANEER DRIVE LEESBURG, FL 34788				Mailing Address 107 BUCCANEER DRIVE LEESBURG, FL 34788	
2. Principal Place of Business - No P.O. Box #		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 ARNOLD, JOYCE M 66 LATTICE DR LEESBURG, FL 34788				7. Name and Address of New Registered Agent Name <u>WILLIAM P. GREANEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>35 BAYBERRY DRIVE</u> City <u>LEESBURG</u> <u>FL</u> Zip Code <u>34788</u>	
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>WILLIAM P. GREANEY TREASURER William P Greaney</u> <u>01-15-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DP ARNOLD, JOYCE M 66 LATTICE DR LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERNE CORKUM 169 SEA FERN DR. LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREANEY, WILLIAM R 35 BAYBERRY DRIVE LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRUNELL, ETTA 25 SUGAR BOAT DR LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GEORGE HIASLEY 23 BAHIA WAY LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, CONRAD 151 SEA FERN DRIVE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVAUGHAN FOSTER 91 LATTICE DR. LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALDWIN, JANET 85 LATTICE DRIVE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAUNE GAYLOR 104 SEA FERN DR. LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALEX, KUTOS 138 BUCCANEER DRIVE LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>WILLIAM P. GREANEY William P Greaney</u> <u>01-15-08</u> <u>352-728-0972</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					