

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49734

FILED  
May 09, 2006  
Secretary of State

**Entity Name:** DOCTORS LAKE ESTATES CIVIC CLUB, INC.

**Current Principal Place of Business:**

4055 CEDAR RD  
ORANGE PARK, FL 32065 US

**New Principal Place of Business:**

**Current Mailing Address:**

4103 CEDAR ROAD  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

**FEI Number:** 59-3138744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORNELIUS, CAREY  
4103 CEDAR ROAD  
ORANGE PARK, FL 32065 US

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: P ( ) Delete  
Name: TAWNEY, JAMES  
Address: 4234 MAGNOLIA ROAD EAST  
City-St-Zip: ORANGE PARK, FL 32065

Title: VP ( ) Delete  
Name: BRUNS, GENE  
Address: 3016 OAK ROAD  
City-St-Zip: ORANGE PARK, FL 32065

Title: T ( ) Delete  
Name: CORNELIUS, CAREY  
Address: 4103 CEDAR ROAD  
City-St-Zip: ORANGE PARK, FL 32065

Title: S ( ) Delete  
Name: COBB, MARY  
Address: 2935 HOLLY ROAD  
City-St-Zip: ORANGE PARK, FL 32065

Title: D (X) Delete  
Name: CHELTON, ANNE  
Address: 4371 MAGNOLIA ROAD SOUTH  
City-St-Zip: ORANGE PARK, FL 32065

Title: D (X) Delete  
Name: KERCHER, WILLIAN  
Address: 4173 COUNTRY OAKS DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: TAWNEY, JAMES  
Address: 4234 MAGNOLIA ROAD EAST  
City-St-Zip: ORANGE PARK, FL 32065

Title: P (X) Change ( ) Addition  
Name: BRUNS, GENE  
Address: 3016 OAK ROAD  
City-St-Zip: ORANGE PARK, FL 32065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAREY CORNELIUS

T

05/09/2006

Electronic Signature of Signing Officer or Director

Date