

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49734

**FILED**  
**Apr 23, 2010**  
**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 ( )**

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

CORNELIUS, CAREY  
4103 CEDAR ROAD  
ORANGE PARK, FL 32065 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: VP  
Name: COBB, MARY  
Address: 2935 HOLLY ROAD  
City-St-Zip: ORANGE PARK, FL 32065

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

Title: P  
Name: CRYSTAL, TODOR  
Address: 2927 MAGNOLIA ROAD SOUTH  
City-St-Zip: ORANGE PARK, FL 32065

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: CAREY CORNELIUS

T

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date