

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50477

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** YANKEE LAKE HUNT CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 951  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 951  
SORRENTO, FL 32776 US

**New Mailing Address:**

**FEI Number:** 59-3141410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, WALTER D  
22602 YONGE ROAD  
EUSTIS, FL 32736 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: P ( ) Delete  
Name: TURNER, WALTER  
Address: 22602 YONGE ROAD  
City-St-Zip: EUSTIS, FL 32736

Title: VP ( ) Delete  
Name: MIXSON, WAYNE  
Address: PO BOX 2187  
City-St-Zip: APOPKA, FL

Title: D ( ) Delete  
Name: TURNER, WALTER  
Address: P O BOX 100 N/A  
City-St-Zip: APOPKA, FL 32704

Title: D ( ) Delete  
Name: MCMENNAMY, CLIFTON  
Address: 4202 ONDICH RD  
City-St-Zip: APOPKA, FL 32712

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

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: WALTER TURNER

P

04/29/2006

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

\_\_\_\_\_  
Date