

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90016 033 \*\*\*\*61.25

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<b>DOCUMENT # N93000004920</b> 1. Entity Name <b>MCINTOSH LAKE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2477 STICKNEY PT ROAD 118A SARASOTA, FL 34231 US			Mailing Address P.O. BOX 18992 SARASOTA, FL 34276 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02052006 Chg-NP CR2E037 (11/05) 4. FEI Number <b>65-0475340</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLENDINNING, RENE M</b> <b>4496 GOLDEN LAKE DRIVE</b> <b>SARASOTA, FL 34233</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD STOLBERG, KARL 4411 MCINTOSH LAKE AVE. SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, BRADLEY 4456 GOLDEN LAKE DR SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVP, D Kenan Ryan 4480 Golden Lake Drive Sarasota, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD GRAZIANO, CYNTHIA 4438 GOLDEN LAKE DRIVE SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP, D Greg Wakeman 4474 Golden Lake Drive Sarasota, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLENDINNING, RENE A 4496 GOLDEN LAKE DR SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIDDLETON, JACQUELINE 4417 MCINTOSH AVE SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE: Renea M. Glendinning</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/6/06 (941) 924-0002 <small>Date Daytime Phone #</small>		