2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am

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Secretary	of S
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DOCUMENT # N93000004920 MCINTOSH LAKE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2477 STICKNEY PT ROAD P.O. BOX 18992 118A SARASOTA, FL 34276 US SARASOTA, FL 34231 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 Name GLENDINNING, RENEA M 4496 GOLDEN LAKE DRIVE SARASOTA, FL 34233 City

500000003 01072007 Chg-NP CR2E037 (12/06) 4. FEI Numbe Applied For 65-0475340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 P/D TITLE 🗡 Delele TITLE SIO Addition ☐ Change STOLBERG, KARL rson, Thomas NAME NAME 4411 MCINTOSH LAKE AVE. STREET ADDRESS 4436 Golden Lake Drive STREET ADDRESS CITY-ST-7/P SARASOTA, FL 34233 CITY-ST-ZIP Sarasota, Fl. 34233 1VPD TITLE 6 D ☐ Delete TITLE X Change ☐ Addition HENAN, RYAN NAME Ryan, Kenan STREET ADDRESS 4480 GOLDEN LAKE DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY, ST. 7IP TITLE 2VPD ☐ Delete IVPD TITLE Change Change Addition WAKEMAN, GREG NAME NAME STREET ADDRESS 4474 GOLDEN LAKE DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GLENDINNING, RENEA NAME STREET ADDRESS 4496 GOLDEN LAKE DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MIDDLETON, JACQUELINE NAME NAME 4417 MCINTOSH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: *

STREET ADDRESS

CITY-ST-ZIP

onean. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ONFICER OR DIRECTOR Molall