


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90004 044 \*\*\*\*61.25

<b>DOCUMENT # N95000000823</b>	
<b>1. Entity Name</b>	
SCOTT LAKE WEST PROPERTY OWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
654 JESSANDA CIRCLE LAKELAND FL 33813	654 JESSANDA CIRCLE LAKELAND FL 33813

<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>



1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b>		<b>Applied For</b>
26-2661057		Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
PUTNAM, ABEL A ESQ. 500 SOUTH FLORIDA AVE SUITE 300 LAKELAND FL 33801	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

**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  DATE 2/19/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> 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>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
PD	WALLACE, BRENDA	D. ROLFE	
STREET ADDRESS	654 JESSANDA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
VPD	KULLMAN, KEVIN	Director	
STREET ADDRESS	432 LAKE HARRIS DR.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
TD	HERKEL, JIM		
STREET ADDRESS	692 JESSANDA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
ST	WIGGS, LYNN	Director	
STREET ADDRESS	448 LAKE HARRIS DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
TD	Margaret Andrews		
STREET ADDRESS	454 Lake Harrison	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33813	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
ST	Jennifer Rago		
STREET ADDRESS	525 Jessanda Way	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33813	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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 Section 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.**

**SIGNATURE:** Brenda J Wallace Brenda J Wallace 2/10/07 803-834-6919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #