
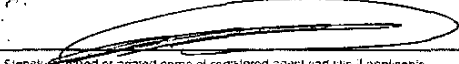


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 032 ****61.25

DOCUMENT # N95000000823					
1. Entity Name SCOTT LAKE WEST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 654 JESSANDA CIRCLE LAKELAND FL 33813			Mailing Address 654 JESSANDA CIRCLE LAKELAND FL 33813		
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	4. FEI Number 26-2661057	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUTNAM, ABEL A ESQ. 500 SOUTH FLORIDA AVE SUITE 300 LAKELAND FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 3/5/08	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, BRENDA		NAME		
STREET ADDRESS	654 JESSANDA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KULLMAN, KEVIN		NAME		
STREET ADDRESS	432 LAKE HARRIS DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIGGS, LYNN		NAME		
STREET ADDRESS	448 LAKE HARRIS DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, MARGARET		NAME	Treasurer	
STREET ADDRESS	454 LAKE GARRIS DR.		STREET ADDRESS	Lori Gaugne	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	514 Jessanda Way	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGO, JENNIFER		NAME	Secretary	
STREET ADDRESS	525 JESSANDA WAY		STREET ADDRESS	Jamie Maguire	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	635 Jessanda Circle	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Jamie McAniff		NAME		
STREET ADDRESS	506 Jessanda Way		STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33813		CITY-ST-ZIP		

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** **2-18-08**