

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000823

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** SCOTT LAKE WEST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

654 JESSANDA CIRCLE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

654 JESSANDA CIRCLE  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 26-2661057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUTNAM, ABEL A ESQ.  
500 SOUTH FLORIDA AVE  
SUITE 300  
LAKELAND, FL 33801 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: D ( ) Delete  
Name: WALLACE, BRENDA  
Address: 654 JESSANDA CIRCLE  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: KULLMAN, KEVIN  
Address: 432 LAKE HARRIS DR.  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: WIGGS, LYNN  
Address: 448 LAKE HARRIS DR  
City-St-Zip: LAKELAND, FL 33813

Title: T ( ) Delete  
Name: GAUGNE, LORI  
Address: 514 JESSANDA CIRCLE  
City-St-Zip: LAKELAND, FL 33813

Title: S ( ) Delete  
Name: MAGUIRE, JAMIE  
Address: 635 JESSANDA CIRCLE  
City-St-Zip: LAKELAND, FL 33813

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCCALL, MARY JANE  
Address: 416 HARRIS DR  
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition  
Name: MCAULIFFE, JAMIE  
Address: 506 JESSANDA WAY  
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition  
Name: MANSOUR, ELIAS  
Address: 522 JESSANDA WAY  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify 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: BRENDA WALLACE

D

03/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date