

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003197

FILED
Jan 07, 2004
Secretary of State

Entity Name: THE NORTH LAKE COUNTY FORTY AND EIGHT CORPORATION

Current Principal Place of Business:

1761 W. SCHWARTZ BLVD.
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

1761 W. SCHWARTZ BLVD.
LADY LAKE, FL 32159

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, ROBERT
1761 W. SCWARTZ BLVD.
LADY LAKE, FL 32159 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: BERUBE, JOSEPH
Address: 825 HIBISCUS DR
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: DALTON, HOYLES
Address: 719 HEATHROW AVE
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: HAROLD, RAY J
Address: 15940 SE 65TH ST.
City-St-Zip: OCKLAWAHA, FL 32179

Title: D () Delete
Name: WARREN, POST
Address: 913 MEDIRA DR
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: JOHNSON, ROBERT
Address: 1210 DELTORRO DR
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: ELLISON, ROBERT E
Address: 1761 W. SCHWARTZ BLVD
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: TRALONGO, SABASTIAN J
Address: 1003 BOWERSOX DRIVE
City-St-Zip: LADY LAKE, FL 32159

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT E. ELLISON

D

01/07/2004

Electronic Signature of Signing Officer or Director

Date