

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003197**

1. Entity Name  
**THE NORTH LAKE COUNTY FORTY AND EIGHT  
CORPORATION**



Principal Place of Business  
**699 W. LADY LAKE BLVD.  
LADY LAKE, FL 32159**

Mailing Address  
**PO BOX 1566  
LADY LAKE, FL 32158**



01232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, ROBERT R  
1210 DEL TORO DR.  
LADY LAKE, FL 32159**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PRINCE, ROBERT  
1004 KARNEY RD  
LADY LAKE, FL 32159**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HOYLES, DALTON E  
719 HEATHROW AVE  
LADY LAKE, FL 32159**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HOKR, LEE W  
1621 LAUREN LANE  
LADY LAKE, FL 32159**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
TRALONGO, SABASTIAN J  
1003 BOWERSOX DRIVE  
LADY LAKE, FL 32159**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SIZEMORE, ROBERT R  
1320 E. SCHWARTZ BLVD.  
LADY LAKE, FL 32159**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SEIDEL, MICHAEL  
2436 MERIDA CIR  
LADY LAKE, FL 32159**

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01/31/07-80020-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 352-753-8891

Date

Daytime Phone #