

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

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

05-14-2008 90009 001 ****61.25

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**

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

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

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

Robert R Johnson **ROBERT R Johnson Correspondent**

4-23-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D John Gibbons**
STREET ADDRESS **2709 PLAIN RIDGE LOOP**
CITY-ST-ZIP **VILLAGES FL 32162**

TITLE ☐ Change ☒ Addition
NAME **D Joe Berube**
STREET ADDRESS **825 Hibiscus Dr**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D Bob Ellison**
STREET ADDRESS **1761 W Schwartz Blvd**
CITY-ST-ZIP **LADY LAKE FL 32159**

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:

Robert R Johnson **ROBERT R Johnson** **4-23-08 352-753-8897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #