

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90060 027 ****61.25

DOCUMENT # N97000001794-

1. Entity Name

DOCKSIDE OF SUN N' LAKES OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

COUNTRY CLUB DRIVE
LAKE PLACID FL 33852

PO BOX 598
LAKE PLACID FL 33862



2. Principal Place of Business - No P.O. Box #

Country Club Drive
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

Lake Placid, FL

City & State

4. FEI Number

59-2715256

Applied For

Not Applicable

Zip

Country

33852

Highlands

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARLENE
224 COUNTRY CLUB DR
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name LORRAINE C. CROWDER

Street Address (P.O. Box Number is Not Acceptable)
228 COUNTRY CLUB DR.

City LAKE PLACID

FL

Zip Code 33852

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 LORRAINE C. CROWDER

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

Lorraine C. Crowder

(NOT Registered Agent signature required when reappointing)

2-8-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD ☒ Delete
NAME SWIER, WILLEM
STREET ADDRESS 213 COUNTRY CLUB ROAD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VPD ☒ Delete
NAME CROWDER, DON
STREET ADDRESS 228 COUNTRY CLUB DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE SD ☒ Delete
NAME SMITH, SHIRLEY
STREET ADDRESS 200 COUNTRY CLUB ROAD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE TD ☒ Delete
NAME SMITH, MARLENE
STREET ADDRESS 224 COUNTRY CLUB DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☒ Delete
NAME MCCRRY, KATIE
STREET ADDRESS 209 COUNTRY CLUB
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME LEON LONG
STREET ADDRESS 205 COUNTRY CLUB DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VPD ☒ Change ☐ Addition
NAME ROBERT SUNDERMAN
STREET ADDRESS 229 COUNTRY CLUB DR
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE SD ☒ Change ☐ Addition
NAME BOB LINCOLN
STREET ADDRESS 244 COUNTRY CLUB DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE TD ☒ Change ☐ Addition
NAME LORRAINE C. CROWDER
STREET ADDRESS 228 COUNTRY CLUB DR.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☒ Change ☐ Addition
NAME TONY WOLF
STREET ADDRESS 208 COUNTRY CLUB DR.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Lorraine Crowder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07 465-1013187
Date Daytime Phone #