2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005460

1. Entity Name
LAKE DENTON MANAGEMENT INCORPORATED

Principal Place of Business	Mailing Address
790 EAST LAKE DENTON ROAD AVON PARK, FL 33825	917 W S PARK ST OKEECHOBEE, FL 34972

03092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0780973
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WYATT, DEWAYNE
2699 NORTH AMARYLLIS ROAD
AVON PARK, FL 33825

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000480074
04/10/06-80029-007 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	ENFINGER, DANIEL
STREET ADDRESS	917 W. S. PARK ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	VD
NAME	CLARK, JACK
STREET ADDRESS	1802 STENSTROM ROAD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	STD
NAME	ELDERS, PAMELA
STREET ADDRESS	1277 SW 18TH TERR
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	V/D
NAME	ASPDEN, RICHARD
STREET ADDRESS	2157 NE 7TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pamela J Elders PAMELA J. Elders 3/20/06 863-453-3627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #