

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000005460**

1. Entity Name  
**LAKE DENTON MANAGEMENT INCORPORATED**



Principal Place of Business  
**790 EAST LAKE DENTON ROAD  
AVON PARK, FL 33825**

Mailing Address  
**917 W S PARK ST  
OKEECHOBEE, FL 34972**



01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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

000000824730  
02/20/08-80092-015 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:** *Pamela J. Elders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-6-08 863-453-3627*

Date

Daytime Phone #