2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005460

FILED Mar 08, 2009 Secretary of State

Entity Name: LAKE DENTON MANAGEMENT INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

790 EAST LAKE DENTON ROAD AVON PARK, FL 33825

Current Mailing Address: New Mailing Address:

917 W S PARK ST 790 EAST LAKE DENTON ROAD OKEECHOBEE, FL 34972 AVON PARK, FL 33825

FEI Number: 65-0780973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Electronic Olynature of Negistered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ENFINGER, DANIEL Name: ENFINGER, DANIEL Address: 917 W. S. PARK ST Address: 4072 US HIGHWAY 441 NORTH

 Address:
 917 W. S. PARK ST
 Address:
 4072 US HIGHWAY 441 NORTH

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:
 OKEECHOBEE, FL 34972

 Name:
 CLARK, JACK
 Name:
 ASPDEN, RICHARD

 Address:
 1802 STENSTROM ROAD
 Address:
 2157 NE 7TH STREET

 City-St-Zip:
 WAUCHULA, FL 33873
 City-St-Zip:
 OKEECHOBEE, FL 34972

Title: STD () Delete Title: STD (X) Change () Addition Name: ELDERS, PAMELA Name: ELDERS, PAMELA

Name: ELDERS, PAMELA
Address: 1277 SW 18TH TERR
Address: 790 LAKE DENTON ROAD
City-St-Zip: OKEECHOBEE, FL 34974
City-St-Zip: AVON PARK, FL 33825

Title: V/D (X) Delete Title: () Change () Addition

 Name:
 ASPDEN, RICHARD
 Name:

 Address:
 2157 NE 7TH ST
 Address:

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA JO ELDERS STD 03/08/2009