## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90116 001 \*\*\*\*61.25

**FILED** 

## DOCUMENT # N9800003492

1. Corporation Name

SCOTTISH AMERICAN SOCIETY OF LADY LAKE, INC.

Principal Place of Business

Mailing Address

708 VISTA PLACE LADY LAKE FL 32159 P.O. BOX 327 LADY LAKE FL 32158

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8 3464 - 90116 - 9

Principal Place of Business 2a. Mailing Address 26					<ol> <li>Date Incorporated or Qualified 06/17/1998</li> </ol>				
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number 59 - 3497888		Applied For Not Applicable		
City & State City & State			3	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
Zip !	Country	Zip	Zip Cou			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
				81	Name				
SYKES, PAUL O 1733 PALO ALTO AVENUE LADY LAKE FL 32159		82	Street Address (P.O. Box Number is Not Acceptable)						
			83		•				
· ·				84	City		FL 85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicab	NOTE: Da	gistered Agent signature r	positived when reinstalling) DATE		
12.	OFFICERS AND DIRECTOR:		13.	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	0	DELETE	1.1 TITLE	9	Change	☐ Addition
NAME	Thomas HUNTER	• •	1.2 NAME	cearde moore		
STREET ADDRESS	1625 BeNITEZ STREET		1.3 STREET ADDRESS	George moore place		
CITY-ST-ZIP	Lady Lat, FL 32159		1.4 CITY-ST-ZIP	Lady Lake. FL 32159		
TITLE		☐ DELETÉ	2.1 TITLE	V	Change	Addition
NAME			2.2 NAME	Robin Rainford		
STREET ADDRESS			2.3 STREET ADDRESS		7	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Lady Lake F1 32)59		
TITLE		☐ DELETE	3.1 TITLE	S	Change	Addition X
NAME		•	3.2 NAME	Robina murphy	<del>-</del> -	
STREET ADDRESS			3.3 STREET ADDRESS	1808 San Luis' Lane		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Lady Lake, FL 32)59		
TILE.		☐ DELETE	4.1 TITLE	D	Change	Addition
NAME			4. 2 NAME	Robert Peacock		
STREET ADDRESS			4.3 STREET ADDRESS	708 VISTA Place		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Lady Lake FL 32159		
TITLE		☐ DELETE	5.1 TITLE	0	Change	☐ Addition
NAME			5.2 NAME	Isabelle CorvingTon		
STREET ADDRESS			5.3 STREET ADDRESS	10010		i
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Lady Lake FL 32159		
πilE		DELETE	6.1 TITLE	0	Change	☐ Addition
NAME	1		6.2 NAME	KeiTh McDonald	No Or	שלמט
STREET ADDRESS			6.3 STREET ADDRESS	1231 Grouada Court		•
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP	Lady Lake FL 32159	-416 - AL L AL 1:-	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Plorida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NONATURE AND TYPED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17)99

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Paul Sykes 1733 Palo Alto Ave Lady Lake, FL 32159 No Change