


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90005 021 ****61.25

DOCUMENT # N98000004703 1. Entity Name ISTOKPOGA LAKE ASSOCIATION, INC.					
Principal Place of Business P.O. 578 LAKE PLACID, FL 33862			Mailing Address P.O. 578 LAKE PLACID, FL 33862		
2. Principal Place of Business - No P.O. Box # P.O. Box 205		3. Mailing Address P.O. Box 205			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LORIDA, FL		City & State LORIDA, FL		4. FEI Number 65-0839860	
Zip 33857		Country USA Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLOWAY, ROBERT 225 WILD DUCK PT LORIDA, FL 33857			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIEFSKY, RAY 3515 LITTLE LAKE DRIVE SEBRING, FL 33876 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBIN, GARY 4232 TRAILS END LORIDA, FL 33857 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PORTER, JEANETTE 3000 COUNTRY LAKE DR SEBRING, FL 33876 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PORTER, JEANNETTE 3000 COUNTRY LAKE DR SEBRING, FL 33876 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, DON 3000 ABELL RD LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEN STEBBINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3219 White Oak Rd LORIDA, FL 33857	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLOWAY, BERT 225 WILD DUCK POINT LORIDA, FL 33857 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: JEANNETTE PORTER sec/treas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEANNETTE PORTER					
3-5-2007 863-655-5646 Date Daytime Phone #					