


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90006 006 ****61.25

DOCUMENT # N98000004703 1. Entity Name ISTOKPOGA LAKE ASSOCIATION, INC.					
Principal Place of Business P.O. 205 LORIDA, FL 33857			Mailing Address P.O. 205 LORIDA, FL 33857		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0839860	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRGINIA YERLY-GREENE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1620 HERON DR. S LORIDA, FL 33857 SECRETARY	
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	CAROL DERR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3225 WHITE OAK RD LORIDA, FL 33857 DIRECTOR	
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	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JEANNETTE PORTER 3000 COUNTRY LAKE DR SEBRING, FL 33876	
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 STEBBINS, KEN 3219 WHITE OAK RD. 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	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: <u>jeannette porter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-14-2008 863-655-5646 <small>Date Daytime Phone #</small>		

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