

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004703

FILED  
Feb 07, 2009  
Secretary of State

Entity Name: ISTOKPOGA LAKE ASSOCIATION, INC.

## Current Principal Place of Business:

P.O. 205  
LORIDA, FL 33857

## New Principal Place of Business:

225 WILD DUCK PT.  
LORIDA, FL 33857

## Current Mailing Address:

P.O. 205  
LORIDA, FL 33857

## New Mailing Address:

FEI Number: 65-0839860      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLOWAY, ROBERT  
225 WILD DUCK PT  
LORIDA, FL 33857      US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: YERLY GREENE, VIRGINIA  
Address: 1620 HERON DR S  
City-St-Zip: LORIDA, FL 33857

Title: VP ( ) Delete  
Name: ALBIN, GARY  
Address: 4232 TRAILS END  
City-St-Zip: LORIDA, FL 33857

Title: T ( ) Delete  
Name: PORTER, JEANNETTE  
Address: 3000 COUNTRY LAKE DR  
City-St-Zip: SEBRING, FL 33876

Title: ST ( ) Delete  
Name: PORTER, JEANNETTE  
Address: 3000 COUNTRY LAKE DR  
City-St-Zip: SEBRING, FL 33876

Title: D ( ) Delete  
Name: STEBBINS, KEN  
Address: 3219 WHITE OAK RD.  
City-St-Zip: LORIDA, FL 33857

Title: P ( ) Delete  
Name: GALLOWAY, BERT  
Address: 225 WILD DUCK POINT  
City-St-Zip: LORIDA, FL 33857

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STEBBINS, KEN  
Address: 3219 WHITE OAK RD  
City-St-Zip: SEBRING, FL 33876

Title: D (X) Change ( ) Addition  
Name: CHASTEEN, JERRY  
Address: 101 WILD DUCK POINT  
City-St-Zip: LORIDA, FL 33857

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JEANNETTE PORTER

T

02/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date