

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000042311

1. Entity Name
LAKE JUNE WEST GOLF & ATHLETIC CLUB, INC.



Principal Place of Business
184 EAST INTERLAKE BOULEVARD
LAKE PLACID, FL 33852 US

Mailing Address
184 EAST INTERLAKE BOULEVARD
LAKE PLACID, FL 33852 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-2572907

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, MICHAEL P
184 EAST INTERLAKE BOULEVARD
LAKE PLACID, FL 33852

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVPD
CHAPMAN, MICHAEL P
184 EAST INTERLAKE BOULEVARD
LAKE PLACID, FL 33852 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CHAPMAN, MICHAEL P
184 EAST INTERLAKE BOULEVARD
LAKE PLACID, FL 33852 ☐ Delete

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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 it 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Chapman

1/11/08

8634659185

Date

Daytime Phone #

FILED

08 APR 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

