2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2015
Secretary of State
CC8789283429

DOCUMENT# N00000002860

Entity Name: SAVE OUR LAKES ORGANIZATION, INC.

Current Principal Place of Business:

6579 IMMOKALEE ROAD
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

PO BOX 185
KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-3656777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZ, VIVIAN H
6579 IMMOKALEE ROAD
KEYSTONE HEIGHTS, FL 32656 US

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

Officer/Director Detail :

Title	D
Name	THOMAS, ROBERT
Address	325 NW BEREA
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	D
Name	CALIFANO, JOSEPH
Address	6120 S. TWIN LAKES ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	DIRECTOR
Name	SLATER, SCOTT
Address	6596 IMMOKALEE ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	DIRECTOR
Name	WELSH, PAT
Address	6977 IMMOKALEE ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	PD
Name	KATZ, VIVIAN PRES
Address	6579 IMMOKALEE ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	VD
Name	FARBER, WEBB
Address	P O BOX 355
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	DIRECTOR
Name	ROZEAR, CHANDLER
Address	1719 NW 40 TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	TREASURER/DIRECTOR
Name	NELSON, KAREN
Address	6526 WOODLAND DRIVE
City-State-Zip:	KEYSTONE HEIGHTS FL

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: KAREN NELSON TREASURER 03/31/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY, /DIRECTOR
Name	THOMAS, CAROLYN
Address	6574 BROOKLYN BAY RD
City-State-Zip:	KEYSTONE HEIGHTS FL