

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:** Yes**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	DIRECTOR, VP
Name	JAMES, VIVIAN
Address	6579 IMMOKALEE ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

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

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

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

Title	TREASURER/DIRECTOR
Name	ROZEAR, CAROL W.
Address	1719 NW 40TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	GLENDA, HARPER
Address	7230 LAZY BONE ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	DIRECTOR, SECRETARY
Name	WELCH, SUSAN
Address	6977 IMMOKALEE ROAD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

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: CHANDLER ROZEAR

PRESIDENT, SOLO

01/28/2021

Electronic Signature of Signing Officer/Director Detail_____
Date