**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 01, 2016**
**Secretary of State**
**CC6361605397**

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

| | |
|---|---|
| Title | DIRECTOR |
| Name | CALIFANO, JOSEPH |
| Address | 6120 S. TWIN LAKES ROAD |
| 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 | ROZEAR, CAROL W. |
| Address | 1719 NW 40TH TERRACE |
| City-State-Zip: | GAINESVILLE FL 32605 |

| | |
|---|---|
| Title | PRESIDENT/DIRECTOR |
| Name | KATZ, VIVIAN |
| Address | 6579 IMMOKALEE ROAD |
| City-State-Zip: | KEYSTONE HEIGHTS FL 32656 |

| | |
|---|---|
| Title | VICE PRESIDENT/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 | SECRETARY/DIRECTOR |
| Name | THOMAS, CAROLYN |
| Address | 6574 BROOKLYN BAY RD |
| 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: CAROL W ROZEAR TREASURER/DIRECTOR 04/01/2016

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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