**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 25, 2013**
**Secretary of State**
**CC3099736974**

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

| | |
|---|---|
| Title | D |
| Name | KING, JACQUELINE |
| Address | 275 S E LAKEVIEW DRIVE |
| City-State-Zip: | KEYSTONE HEIGHTS FL 32656 |

| | |
|---|---|
| Title | SD |
| Name | RUSSELL, MARY ANN |
| Address | 722-B SE 66TH STREET |
| City-State-Zip: | STARKE FL 32091 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | YOUNG, JAMES |
| Address | 6432 BROOKLYN BAY RD |
| City-State-Zip: | KEYSTONE HEIGHTS FL 32656 |

| | |
|---|---|
| Title | VD |
| Name | CALIFANO, JOE V PRES |
| Address | 6120 S. TWIN LAKES ROAD |
| City-State-Zip: | KEYSTONE HEIGHTS FL 32656 |

| | |
|---|---|
| Title | TD |
| Name | KATZ, SHERMAN TRE |
| Address | 6579 IMMOKALEE ROAD |
| City-State-Zip: | KEYSTONE HEIGHTS FL 32656 |

| | |
|---|---|
| Title | D |
| Name | THOMAS, ROBERT |
| Address | 325 NW BEREA |
| 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: VIVIAN KATZ PRESIDENT 01/25/2013

Electronic Signature of Signing Officer/Director Detail — Date