

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37095

**Entity Name:** SOUTH LAKE CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**620 W. MONTROSE STREET  
CLERMONT, FL 34711**Current Mailing Address:**620 W. MONTROSE STREET  
CLERMONT, FL 34711 US**FEI Number:** 59-0573859**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERACI-CARVER, ANITA  
LAW OFFICE OF ANITA GERACI-CARVER PA  
1560 BLOXAM AVE  
CLERMONT, FL 34711 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:** ANITA GERACI-CARVER

02/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name STANLEY, AIMEE  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title CHAIRMAN  
Name CARACCIOLO, PAT  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title IMMEDIATE PAST CHAIR  
Name MEYERS, KALENA  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title PRESIDENT AND CEO  
Name COLBY, DAVID  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title TREASURER  
Name KIEFT, THOM  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title SECRETARY  
Name OLSON, SHERI  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name TAYLOR, OTIS  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name KIRTLAND, DONNA  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

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*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:** COLBY, DAVID

PRESIDENT/CEO

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CUMMINGS, NANCY  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name HURD, REBEKAH  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name POWELL, JEFF  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name KANIKOVSKY, GENE  
Address 620 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711