


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90062 030 \*\*\*\*61.25

<b>DOCUMENT # N02000002572</b>					
<b>1. Entity Name</b> LAKE JULIANA LANDINGS H.O.A., INC.					
<b>Principal Place of Business</b> 120 JULIANA BLVD AUBURNDALE FL 33823			<b>Mailing Address</b> 120 JULIANA BLVD AUBURNDALE FL 33823		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>14-1839124</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COLLING, LEE J 682 MAITLAND AVE ALTAMONTE SPRINGS FL 32701			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input checked="" type="checkbox"/> OPT <input type="checkbox"/> Delete	NAME MOHLER, RUTH		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TREASURER	
STREET ADDRESS 120 JULIANA BLVD	CITY-ST-ZIP AUBURNDALE FL 33823		NAME Lain Alexander	STREET ADDRESS 102 Mattie Court	
			STREET ADDRESS Auburndale, FL 33823	CITY-ST-ZIP Auburndale, FL 33823	
TITLE <input type="checkbox"/> Delete	NAME BANVILLE, RAY		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR	
STREET ADDRESS 251 MARIANNA DRIVE	CITY-ST-ZIP AUBURNDALE FL 33823		NAME AUSTIN, LARRY	STREET ADDRESS 267 MARIANNA Drive	
			STREET ADDRESS Auburndale, FL 33823	CITY-ST-ZIP Auburndale, FL 33823	
TITLE <input checked="" type="checkbox"/> Delete	NAME BILLINGTON, HERB		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR	
STREET ADDRESS 116 JULIANA BLVD.	CITY-ST-ZIP AUBURNDALE FL 33823		NAME KEEN, BENNY	STREET ADDRESS 261 MARIANNA Drive	
			STREET ADDRESS Auburndale, FL 33823	CITY-ST-ZIP Auburndale, FL 33823	
TITLE <input checked="" type="checkbox"/> Delete	NAME PATTERSON, RUBY		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SECRETARY	
STREET ADDRESS 155 JULIANA BLVD	CITY-ST-ZIP AUBURNDALE FL 33823		NAME Phillips JOANNE	STREET ADDRESS 163 JULIANA Blvd.	
			STREET ADDRESS Auburndale, FL 33823	CITY-ST-ZIP Auburndale, FL 33823	
TITLE <input type="checkbox"/> Delete	NAME LACOY, ROBERT		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR	
STREET ADDRESS 124 JULIANA BLVD.	CITY-ST-ZIP AUBURNDALE FL 33823		NAME Lemonds, Paul	STREET ADDRESS 240 MARIANNA Drive	
			STREET ADDRESS Auburndale, FL 33823	CITY-ST-ZIP Auburndale, FL 33823	
TITLE <input checked="" type="checkbox"/> Delete	NAME HUNT, GAYLORD		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 136 JULIANA BLVD.	CITY-ST-ZIP AUBURNDALE FL 33823				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ruth T. Mohler</i>			Date: <i>1/27/05</i> (863) 984-5908		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		