


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90012 032 ****61.25

DOCUMENT # N02000002572	
1. Entity Name LAKE JULIANA LANDINGS H.O.A., INC.	

Principal Place of Business 120 JULIANA BLVD AUBURNDAL FL 33823	Mailing Address 120 JULIANA BLVD AUBURNDAL FL 33823
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2. Principal Place of Business - No P.O. Box # 177 JULIANA Blvd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Auburndale, Florida	City & State
Zip 33823	Country FL

1st MOORE CR2E037 (10/06)

4. FEI Number 14-1839124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLING, LEE J 682 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL
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** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOHLER, RUTH 120 JULIANA BLVD AUBURNDAL FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANVILLE, RAY 231 MARIANNA DRIVE AUBURNDAL FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George W. Bush 191 JULIANA Blvd. Auburndale, FL 33823 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAI, ALEXANDER 102 MATTIE COURT AUBURNDAL FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert RAAB 111 MARIANNA W24 Auburndale, FL 33823 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUMA, VICTOR JR 201 MARIANNA DRIVE AUBURNDAL FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AUSTIN, JANICE 402 CLUBHOUSE LANE AUBURNDAL FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOKETT, BARBARA 237 MARIANNA DRIVE AUBURNDAL FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Sackett, Barbara NAME Spelled wrong <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ruth T. Mohler, Treasurer Ruth T. Mohler 863-984-5908