

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002572

FILED  
Feb 01, 2012  
Secretary of State

Entity Name: LAKE JULIANA LANDINGS H.O.A., INC.

**Current Principal Place of Business:**

177 JULIANA BLVD  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

411 CLUBHOUSE LANE  
AUBURNDALE, FL 33823

**New Mailing Address:**

FEI Number: 14-1839124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGRI, JOSEPH D  
5415 MARINER STREET  
SUITE 103  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MYERS, DALE R  
Address: 292 MARIANNA DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: DV  
Name: REEDY, SUSAN  
Address: 105 TENNESSEE COURT  
City-St-Zip: AUBURNDALE, FL 33823

Title: DS  
Name: DUMA, VIC  
Address: 201 MARIANNA DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: DT  
Name: HEWITT, GERALD  
Address: 119 JULIANA BLVD.  
City-St-Zip: AUBURNDALE, FL 33823

Title: D  
Name: JAMES, BARBARA  
Address: 104 TENNESSEE COURT  
City-St-Zip: AUBURNDALE, FL 33823

Title: D  
Name: KOLLASCH, ART  
Address: 300 LOOKOUT CIRCLE  
City-St-Zip: AUBURNDALE, FL 33823

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: DALE R. MYERS

PD

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date