2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# N06000010739

Entity Name: JOHNS LAKE POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1650-302 MARGARET ST., STE. 382
JACKSONVILLE, FL 32204

New Principal Place of Business:

1650-302 MARGARET ST.
SUITE 382
JACKSONVILLE, FL 32204

Current Mailing Address:

1650-302 MARGARET ST., STE. 382
JACKSONVILLE, FL 32204

New Mailing Address:

1650-302 MARGARET ST.
SUITE 382
JACKSONVILLE, FL 32204

FEI Number: 20-8627971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., STE. 1000
ORLANDO, FL 32801 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: D ( ) Delete
Name: SUTER, MAX M.
Address: 1650-302 MARGARET ST., STE. 382
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: FRAZIER, CLARENCE F.
Address: 1650-302 MARGARET ST., STE. 382
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: SUTER, MAX A.
Address: 1650-302 MARGARET ST., STE. 382
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SUTER, MAX M
Address: 1650-302 MARGARET ST., STE. 382
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: FRAZIER, CLARENCE F
Address: 1650-302 MARGARET ST., STE. 382
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: SUTER, MAX A
Address: 1650-302 MARGARET ST., STE. 382
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLARENCE F. FRAZIER D 03/14/2007

Electronic Signature of Signing Officer or Director — Date