2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90021 018 ****61.25

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1. Entity Name
JOHNS LAKE POINTE COMMUNITY ASSOCIATION, INC.

40052983

Principal Place of Business	Mailing Address
1650-302 MARGARET ST. SUITE 382 JACKSONVILLE, FL 32204	1650-302 MARGARET ST. SUITE 382 JACKSONVILLE, FL 32204

01292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5401 S. KIRKMAN RD	5401 S. KIRKMAN RD
Suite, Apt. #, etc.: Suite 450	Suite, Apt. #, etc.: Suite 450
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. FEI Number 20-8627971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., STE. 1000
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: COMMUNITY MANAGEMENT PROFESSIONALS, INC.
Street Address (P.O. Box Number is Not Acceptable): 5401 S. KIRKMAN Road, Suite 450
City: ORLANDO FL Zip Code: 32819

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D SUTER, MAX M 1650-302 MARGARET ST., STE. 382 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP O'DOWD, STEVEN 1155 S. SEMORAN BLVD, STE #1120 WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRAZIER, CLARENCE F 1650-302 MARGARET ST., STE. 382 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HISS, STEVEN 1155 S. SEMORAN BLVD, STE #1120 WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUTER, MAX A 1650-302 MARGARET ST., STE. 382 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PEREZ, DENNIS 1155 S. SEMORAN BLVD, STE #1120 WINTER PARK, FL 32792	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #