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95 APR -6 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20945 (4)
1. Corporation Name
LAKE WOODBOURNE OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

1890 S. 14TH ST. STE. 105 1890 S. 14TH ST. STE. 105
P.O. BOX 1408 P.O. BOX 1408
FERNANDINA BCH FL 32035 FERNANDINA BCH FL 32035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/03/1987 **06/22/1994**

4. FEI Number Applied For
59-3025870 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **2215 E. State Rd 200** 26 **P.O. Box 1408**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State
Yulee Florida **Fernandina Beach Florida**

24 Zip Country 29 Zip Country
32097 **US** **32035-1408** **US**

9. Name and Address of Current Registered Agent

TERRELL J. POWELL
1890 S. 14TH ST. STE. 105
FERNANDINA BCH FL 32035

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2215 E. State Rd 200

83

84 City **Yulee** **FL** 85 Zip Code **32097**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	JAMES CALISE 4338 LAKE WOODBOURNE DR. S. JACKSONVILLE FL	11 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	32217
TITLE VPD	DEAN SCHROCK 4381 LAKE WOODBOURNE DR. S. JACKSONVILLE FL	21 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	32217
TITLE SD	SHELLEY LESTER 4321 LAKE WOODBOURNE DR. JACKSONVILLE FL	31 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME Al Harriman	
STREET ADDRESS		33 STREET ADDRESS 4361 Lake Woodbourne Dr	
CITY - ST - ZIP		34 CITY - ST - ZIP Jacksonville FL 32217	
TITLE TD	LEE KOCH, 4324 LAKE WOODBOURNE DR. JACKSONVILLE FL	41 TITLE Rathy L. Masse	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS 5266 Chestnut Lake Dr	
CITY - ST - ZIP		44 CITY - ST - ZIP Jacksonville FL 32258-1540	
TITLE D	SUE DOLINSKY, 4343 LAKE WOODBOURNE DR. JACKSONVILLE FL	51 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11D 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue S. Dolinsky 3/29/95 695-4150
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Phone Number)

SUE S. DOLINSKY