

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20945 (4)**

1. Corporation Name

LAKE WOODBOURNE OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2215 E. STATE RD 200
P.O. BOX 1408
YULEE FL 32097
US

P.O. BOX 1408
FERNANDINA BCH FL 32035
US

3. Date Incorporated or Qualified
06/03/1987

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 **P.O. Box 1487**

22 City & State

27 City & State
Yulee FL

23 Zip

Country

29 Zip

Country

24

25

29 **32097-1987**

30

4. FEI Number
59-3025870

Applied For
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRELL J. POWELL
2215 E. STATE RD 200
YULEE FL 32097

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME	JAMES CALISE	1.2 NAME	TD ETHEL EUBANK
STREET ADDRESS	4338 LAKE WOODBOURNE DR. S.	1.3 STREET ADDRESS	4350 Lake Woodbourne Dr S
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32217
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME	DEAN SCHROCK	2.2 NAME	SD Jim McKenney
STREET ADDRESS	4381 LAKE WOODBOURNE DR. S.	2.3 STREET ADDRESS	8226 Lake Woodbourne Dr S
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32217
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIMAN, AL	3.2 NAME	
STREET ADDRESS	4361 LAKE WOODBOURNE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSE, KATHY L.	4.2 NAME	
STREET ADDRESS	5266 CHESTNUT LAKE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition
NAME	SUE DOLINSKY,	5.2 NAME	100001788029
STREET ADDRESS	4343 LAKE WOODBOURNE DR.	5.3 STREET ADDRESS	-04/22/96--01017--016
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Al Harriman
Al Harriman

Allen Harriman

Date

4/12/96

Daytime Phone #

292-6830

CR2F037 (12/95)