

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20945 (4)
 1. Corporation Name
LAKE WOODBOURNE OWNERS ASSOCIATION, INC.

Principal Place of Business 2215 E. STATE RD 200 YULEE FL 32097 US	Mailing Address P.O. BOX 1987 YULEE FL 32097-1987 US
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3. Date Incorporated or Qualified 06/03/1987		
4. FEI Number 59-3025870	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24	Country 28
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent TERRELL J. POWELL 2215 E. STATE RD 200 YULEE FL 32097	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD EUBANK, ETHEL 4350 LAKE WOODBOURNE DR. S JACKSONVILLE FL 32217	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD MCKENNEY, JIM 8226 LAKE WOODBOURNE DR. E JACKSONVILLE FL 32217	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD <input checked="" type="checkbox"/> DELETE HARRIMAN, AL 4381 LAKE WOODBOURNE DR JACKSONVILLE FL	2.2 NAME	Ross Marad
TITLE	D <input checked="" type="checkbox"/> DELETE MASSE, KATHY L. 5286 CHESTNUT LAKE DR JACKSONVILLE FL	2.3 STREET ADDRESS	4353 Lake Woodbourne Dr S
TITLE	PD <input type="checkbox"/> DELETE SUE DOLINSKY, 4343 LAKE WOODBOURNE DR. JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32217
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	600002523985
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	-05/14/98--01104--002
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	D PATRICIA MILLER
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	4341 LAKE WOODBOURNE DR S
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	Jacksonville FL 32217

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED *Sue A. Dolinsky 4/20/98*

CP25037 (10/97)