1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N20945**

1. Corporation Name

LAKE WOODBOURNE OWNERS ASSOCIATION, INC.

Princip	oai Mace	or busin
2215	E. STATE	RD 200
YULEE	FL 3209	97

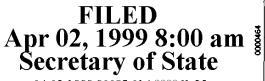
2. Principal Place of Business

US

Mailing Address

P.O. BOX 1987 YULEE FL 32097-1987

2a. Mailing Address



04-02-1999 90087 014 \*\*\*\*61.25



3. Date incorporated or Qualifed

06/03/1987

1		26					06/03/1987			
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				4. FEI Number		Apr	plied For
2		27			<b>.</b> .		59-3025870		. No	t Applicable
City & Stat	te	City & S	State				5. Certificate of Status Desired		\$8.75 A	
3		28					Of Carmonic of Claics Doored		Fee Re	quired
Zip	Country	Zip		Cou	ntry		6. Election Campaign Financing		\$5.00	•
4	25	29		30			Trust Fund Contribution		Added to	o Fees
	9. Name and Address of Current R	egistered Aç	jent				10. Name and Address of New	Registered /	Agent	
					81	Name				
TERRELL	J. POWELL				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	TATE RD 200									
YULEE FL					83					
TOLLE TE	. 02007				04	City			85 Zip C	'ode
					84	City	,	FL	63   Zip C	,000
11. Pursuant	to the provisions of Sections 617.0502 a	nd 617.1508.	Florida Statutes	s, the al	bove-	named corpo	oration submits this statement for the	purpose of	changing its	registered
office or r	naistered eacht or both in the State of I	-lorida Such	change was all	INONZAC	וז עם ו	ne corporation	n's board of directors. I hereby acce	pt the appoir	ıtment as reç	jistered
agent. I a	m familiar with, and accept the obligation	is of, Section	017.0503, FIOR	ua otati	utes.					
SIGNATURE	Oliver Land and the state of angions of angi	d title if applicable	(NOTE: 5	Registered	Anent s	signature required	when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent an OFFICERS AND I		(14015: 1	13.	- Marier a		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	VPD		DELETE	1.1 TI	ΠLE				☐ Change	☐ Addition
NAME	EUBANK, ETHEL			1.2 NA					•	
	4350 LAKE WOODBOURNE DR. S	<u>!</u>		1		DDRESS				
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ľ			_					
CITY-ST-ZIP	JACKSONVILLE FL 32217		DELETE	1.4 CITY-ST- 2.1 TITLE		UP			Change	Addition
TITLE	SD -		OCCLIL	2.1 M						_
NAME	MCKENNEY, JIM	•				PPDFCC				
STREET ADDRESS	8226 LAKE WOODBOURNE DR. E					DDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217		[] Bei ere	_	TY-ST-	ZIP			Change	- [ ] Addition
MLE	10		DELETE	3.1 111		ŀ			5.44190	
NAME	MORAN, ROSS			3.2 NA						
STREET ADDRESS	4353 LAKE WOODBOURNE DR. S	<b>5</b> .		3.3 ST	REETA	DORESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217				TY-ST-	ZIP			Clebance	Addition
TITLE	] D		DELETE	4.1 TT		)			Change	
NAME	MILLER, PATRICIA			4. 2 N	AME					
STREET ADDRESS	4341 LAKE WOODBOURNE DR. S	5.		4.3 ST	REETA	DDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217			_	TY-ST-	ZIP				
TITLE	PD	_	DELETE	5.1 TI					Change	☐ Addition
NAME	SUE DOLINSKY,			5.2 N/						
STREET ADDRESS	4343 LAKE WOODBOURNE DR.			5.3 ST	REET A	LOORESS				
CITY-ST-ZIP	JACKSONVILLE FL				TY-ST-2	ZIP				
ITTLE			DELETE	6.1 TT	LTE				Change	☐ Addition
NAME			·	6.2 N	ME					
STREET ADDRESS				6.3 ST	REETA	DORESS				
CITY-ST-ZIP					TY-ST-		•			
14 I bereby	l certify that the information supplied with t	his filing does	not qualify for t	he exe	mption	n stated in S	ection 119.07(3)(i), Florida Statutes.	I further cert	tify that the ir	nformation

indicated on this annual report or supplied want and single does not quality for the examplion stated in Section 119.07(5)(f), Fronda Statutes. I further certify that the indirected indicated on this annual report or suppliemental 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, with all other like empowered.

SIGNATURE: