# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2004**
**Secretary of State**

DOCUMENT# N20945

**Entity Name:** LAKE WOODBOURNE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2215 E. STATE RD 200
YULEE, FL 32097 US

**New Principal Place of Business:**

463499. STATE RD 200
YULEE, FL 32097 US

**Current Mailing Address:**

P.O. BOX 1987
YULEE, FL 320971987 US

**New Mailing Address:**

**FEI Number: 59-3025870** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

POWELL, TERRELL J
463499. STATE RD 200
YULEE, FL 32097 US

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.

SIGNATURE: TERRELL J POWELL 04/28/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | EUBANK, ETHEL | |
| Address: | 4350 LAKE WOODBOURNE DR. S | |
| City-St-Zip: | JACKSONVILLE, FL 32217 | |
| Title: | PD | ( ) Delete |
| Name: | MCKENNEY, JIM | |
| Address: | 8226 LAKE WOODBOURNE DR. E | |
| City-St-Zip: | JACKSONVILLE, FL 32217 | |
| Title: | D | ( ) Delete |
| Name: | CRIMM, JESSE | |
| Address: | 4328 LAKE WOODBURNE DR | |
| City-St-Zip: | JACKSONVILLE, FL 32217 | |
| Title: | SD | ( ) Delete |
| Name: | FUQUA, BILLY | |
| Address: | 8238 LAKE WOODBURN DRIVE E | |
| City-St-Zip: | JACKSONVILLE, FL 32217 | |
| Title: | VPD | (X) Delete |
| Name: | SHROCK, DEAN | |
| Address: | 4381 LAKE WOODBURNE DRIVE | |
| City-St-Zip: | JACKSONVILLE, FL 32217 | |
| Title: | STD | (X) Delete |
| Name: | FUGUA, BILLY | |
| Address: | 8238 LAKE WOODBOURNE DR | |
| City-St-Zip: | JACKSONVILLE, FL 32217 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VPD | (X) Change ( ) Addition |
| Name: | SMITH, ELAINE | |
| Address: | 4335 LAKE WOODBURNE DR | |
| City-St-Zip: | JACKSONVILLE, FL 32217 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM MCKENNY PD 04/28/2004
Electronic Signature of Signing Officer or Director Date