2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20945

FILED Mar 23, 2005 Secretary of State

Entity Name: LAKE WOODBOURNE OWNERS ASSOCIATION INC.

Current Mailing Address: P.O. BOX 1987 YULEE, FL 320971987 US FEI Number: 59-3025870 FEI Number Applied For () Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Reserved Agent: POWELL, TERRELL J 463499. STATE RD 200 YULEE, FL 32097 YULEE, FL 32097 US The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. SIGNATURE: SHERRIE JARNUTOWSKI Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: D () Delete Name: EUBANK, ETHEL Address: City-St-Zip: JACKSONVILLE, FL 32217 Name: Address: City-St-Zip: City-St-Zip: 12620-3 BEACH BLVD. YARNUTOWSKI, SHERRIE 12620-3 BEACH BLVD. #301 JARNUTOWSKI, SHERRIE 12620-3 BEACH BLVD. #301 JARNUTOWSKI, SHERRIE 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US #301 JACKSONVILLE, FL 32247 City-St-Zip:	
Current Mailing Address: P.O. BOX 1987 YULEE, FL 320971987 US P.O. BOX 1987 YULEE, FL 320971987 US #301 JACKSONVILLE, FL 32246 US FEI Number: 59-3025870 FEI Number Applied For () FEI Number Not Applicable () Certifice Name and Address of Current Registered Agent: Name and Address of New Reserval Agent: POWELL, TERRELL J #301 JARNUTOWSKI, SHERRIE 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. SIGNATURE: SHERRIE JARNUTOWSKI Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: D () Delete Name: EUBANK, ETHEL Name: Address: 4350 LAKE WOODBOURNE DR. S City-St-Zip: Title: PD () Delete Name: MCKENNEY, JIM Name: MCKENNEY, JIM Address: 8226 LAKE WOODBOURNE DR. E MCKENNEY, JIM Address:	NEE
P.O. BOX 1987 YULEE, FL 320971987 US #301 JACKSONVILLE, FL 32246 US FEI Number: 59-3025870 FEI Number Applied For () FEI Number Not Applicable () Certific Name and Address of Current Registered Agent: Name and Address of New Reserved Agent: JARNUTOWSKI, SHERRIE 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. SIGNATURE: SHERRIE JARNUTOWSKI Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: D () Delete Name: EUBANK, ETHEL Name: Address: 4350 LAKE WOODBOURNE DR. S City-St-Zip: JACKSONVILLE, FL 32217 Title: PD () Delete Title: Name: MCKENNEY, JIM Name: Address: MCKENNEY, JIM Name: Address:	IS
#301 JACKSONVILLE, FL 32246 FEI Number: 59-3025870 FEI Number Applied For () Name and Address of Current Registered Agent: 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 in the State of Florida. SIGNATURE: SHERRIE JARNUTOWSKI Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: D () Delete Name: EUBANK, ETHEL Address: 4350 LAKE WOODBOURNE DR. S City-St-Zip: Title: PD () Delete Name: MCKENNEY, JIM Address: Address: MCKENNEY, JIM Address: MCKENNEY, JIM Address: MCKENNEY, JIM Address: MCKENNEY, JIM Address:	
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463499. ŚTATE RD 200 YULEE, FL 32097 US #301 JACKSONVILLE, FL 32246 US The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. SIGNATURE: SHERRIE JARNUTOWSKI Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: D () Delete Title: () Change Name: EUBANK, ETHEL Name: Address: 4350 LAKE WOODBOURNE DR. S City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: PD () Delete Title: () Change Name: MCKENNEY, JIM Name: Address: 8226 LAKE WOODBOURNE DR. E Address: Address:	jistered Agent:
in the State of Florida. SIGNATURE: SHERRIE JARNUTOWSKI Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: D () Delete Title: () Change Name: Address: 4350 LAKE WOODBOURNE DR. S City-St-Zip: JACKSONVILLE, FL 32217 Title: PD () Delete Title: () Change Name: Address: () Change Name: MCKENNEY, JIM Name: Address: 8226 LAKE WOODBOURNE DR. E Address:	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: D () Delete Title: () Change Name: EUBANK, ETHEL Name: Address: 4350 LAKE WOODBOURNE DR. S City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: PD () Delete Title: () Change Name: MCKENNEY, JIM Name: Address: 8226 LAKE WOODBOURNE DR. E Address:	egistered agent, or both
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: D () Delete Name: EUBANK, ETHEL Address: 4350 LAKE WOODBOURNE DR. S City-St-Zip: JACKSONVILLE, FL 32217 Title: PD () Delete Title: () Change Name: MCKENNEY, JIM Name: Address: 8226 LAKE WOODBOURNE DR. E ADDITIONS/CHANGES TO OF Title: () Change Name: Address: Address: Address:	03/23/2005
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Name: MCKENNEY, JÍM Name: Address: 8226 LAKE WOODBOURNE DR. E Address:	() Addition
	() Addition
Title: VPD () Delete Title: VPD (X) Change Name: SMITH, ELAINE Name: BUCHWALTER, MARIA Address: 4335 LAKE WOODBURNE DR Address: 8244 LAKE WOODBOUL City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32	RNE DR. W.
Title: SD () Delete Title: SD (X) Change Name: FUQUA, BILLY Name: HARRIS, CHERYL Address: 8238 LAKE WOODBURN DRIVE E Address: 4326 LAKE WOODBOUI City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32	
Title: () Delete Title: TR () Change Name: Name: CRAWLEY, PATSY Address: Address: 8253 LAKE WOODBOU! City-St-Zip: JACKSONVILLE, FL 32	

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: SHERRIE JARNUTOWSKI RA 03/23/2005