

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20945

FILED  
Mar 29, 2006  
Secretary of State

Entity Name: LAKE WOODBOURNE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8226 LAKE WOODBOURNE DRIVE E.  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

12187-4 BEACH BLVD  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

12620-3 BEACH BLVD.  
#301  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

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

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

JARNUTOWSKI, SHERRIE  
12620-3 BEACH BLVD.  
#301  
JACKSONVILLE, FL 32246 US

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

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: \_\_\_\_\_

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: VPD ( ) Delete  
Name: BUCHWALTER, MARIA  
Address: 8244 LAKE WOODBOURNE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD ( ) Delete  
Name: HARRIS, CHERYL  
Address: 4326 LAKE WOODBOURNE DRIVE S  
City-St-Zip: JACKSONVILLE, FL 32217

Title: TR ( ) Delete  
Name: CRAWLEY, PATSY  
Address: 8253 LAKE WOODBOURNE DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32217

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: FIRPO, LEE  
Address: 8281 E LAKE WOODBOURNE 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 Chapter 119, 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: LEE FIRPO

PRES

03/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date