2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20945

Apr 17, 2008 Secretary of State

Entity Name: LAKE WOODBOURNE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

12187 BEACH RD., STE. 4 JACKSONVILLE, FL 32246 LIS 8282WESTERN WAY CIR., STE. # 1101

JACKSONVILLE, FL 32256

Current Mailing Address:

New Mailing Address:

12620-3 BEACH BLVD.

FEI Number: 59-3025870

8282WESTERN WAY CIR., STE. # 1101

JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32246 US

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROGERS, BARBARA M 8282 WESTERN WAY CIR., STE. 1101 JACKSONVILLE, FL 32256

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:

Address:

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

MORAN, ROSS Name:

4353 S. LAKE WOODBOURNE DR

City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete RIKER, ROBERT Name:

Address: 4360 LAKE WOODBOURNE DR City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete LEIBOWITZ, STEVE Name:

4349 LAKE WOODBOURNE DR S Address: City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete Name: JORDAN, HILDA

4373 S. LAKE WOODBOURNE DR Address: City-St-Zip: JACKSONVILLE, FL 32217

(X) Change () Addition

BUCHWALTER, MARIA Name:

Address: 8244 LAKE WOODBOURNE CIR., WEST

City-St-Zip: JACKSONVILLE, FL 32217

(X) Change () Addition Title:

Name: RIKER, ROBERT

Address: 4360 LAKE WOODBOURNE DR City-St-Zip: JACKSONVILLE, FL 32217

Title: (X) Change () Addition

LEIBOWITZ, STEVE Name:

4349 LAKE WOODBOURNE DR S Address: City-St-Zip: JACKSONVILLE, FL 32217

Title: DST (X) Change () Addition

Name: JORDAN, HILDA

4373 S. LAKE WOODBOURNE DR Address: City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify 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: H. DAVID ROGERS, JR. LCAM, FL

MGR

04/17/2008

Electronic Signature of Signing Officer or Director

Date