

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20945

FILED
Apr 07, 2009
Secretary of State

Entity Name: LAKE WOODBOURNE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8282WESTERN WAY CIR., STE. # 1101
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

8282 WESTERN WAY CIR., STE. # 1101
JACKSONVILLE, FL 32256 US

Current Mailing Address:

8282WESTERN WAY CIR., STE. # 1101
JACKSONVILLE, FL 32256 US

New Mailing Address:

8282 WESTERN WAY CIR., STE. # 1101
JACKSONVILLE, FL 32256 US

FEI Number: 59-3025870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, BARBARA M
8282 WESTERN WAY CIR., STE. 1101
JACKSONVILLE, FL 32256 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: BUCHWALTER, MARIA
Address: 8244 LAKE WOODBOURNE CIR., WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVP () Delete
Name: RIKER, ROBERT
Address: 4360 LAKE WOODBOURNE DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: DP () Delete
Name: LEIBOWITZ, STEVE
Address: 4349 LAKE WOODBOURNE DR S
City-St-Zip: JACKSONVILLE, FL 32217

Title: DST () Delete
Name: JORDAN, HILDA
Address: 4373 S. LAKE WOODBOURNE DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEIBOWITZ, STEVE
Address: 4349 LAKE WOODBOURNE CIR., SO.
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVP (X) Change () Addition
Name: BUCKWALTER, MARIA
Address: 8244 LAKE WOODBOURNE DR, W.
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS (X) Change () Addition
Name: VARGAS, NINOSKA
Address: 4329 LAKE WOODBOURNE DR S
City-St-Zip: JACKSONVILLE, FL 32217

Title: DP (X) Change () Addition
Name: JORDAN, HILDA
Address: 4373 S. LAKE WOODBOURNE DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT () Change (X) Addition
Name: SCHLESSINGER, EDWARD
Address: 8273 LK. WOODBOURNE DR., EAST
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: BARBARA M. ROGERS

Electronic Signature of Signing Officer or Director

MGR

04/07/2009

Date