

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90308 050 ****61.25

DOCUMENT # 762796 1. Entity Name LAKE JOANNA ESTATES ASSOCIATION, INC.					
Principal Place of Business LAKE JOANNA ESTATES PO BOX 895 EUSTIS, FL 32727 US			Mailing Address LAKE JOANNA ESTATES PO BOX 895 EUSTIS, FL 32727 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2537480		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, RICHARD 3101 WINDHAM DR EUSTIS, FL 32726			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATERHOUSE, RANDY 3011 WINDHAM DR EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RENFRO, DENNIS 3064 WINDHAM DR EUSTIS, FL 32726
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GENTRY, KEN 3049 WINDHAM DR EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FROEMAN, BOB 3028 WINDHAM DR EUSTIS FL 32726
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMPSON, RICHARD 3101 WINDHAM DR EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOAG, LAWRENCE 1206 MARSHALL CT EUSTIS, FL 32726
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERHOUSE, RANDY 3011 WINDHAM DR EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CURRY, MELISSA 1205 BLY COURT EUSTIS, FL 32726
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, DAVID 3206 WINDHAM DR EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO BLOSSEY 1250 GRAY COURT EUSTIS FL 32726
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WES PORAK 1216 GRAY COURT EUSTIS, FL 32726	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WES PORAK 1216 GRAY COURT EUSTIS, FL 32726
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with a duly like empowered.					
SIGNATURE: <i>Lawrence E. Hoag</i> LAWRENCE E. HOAG 4-26-04 787-3311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					