

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41222

FILED
Mar 03, 2005
Secretary of State

Entity Name: LAKE JOHIO WATERSIDE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3117652 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: SIMON, BILL
Address: PO BOX 1142
City-St-Zip: OCOEE, FL 34761

Title: VPD () Delete
Name: STRINGER, SCOTT
Address: 2888 CULLENS CT
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: GILBERT, BILL
Address: 2752 CULLENS CT
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: BROWN, RICHARD
Address: 2112 NEW VICTOR RD.
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: VELEZ, HECTOR
Address: 2139 NEW VICTOR RD.
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: ROBERTS, LEE
Address: 2761 CULLENS CT.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: DILLARD, DORCAS
Address: 2783 CULLENS CT
City-St-Zip: OCOEE, FL 34761

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 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: BILL SIMON

PD

03/03/2005

Electronic Signature of Signing Officer or Director

Date