

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 706121

1. Entity Name
LUCINA LAKE ASSOCIATION INC



Principal Place of Business

**5841 DICKSON RD
JACKSONVILLE, FL 32211**

Mailing Address

**5841 DICKSON RD
JACKSONVILLE, FL 32211**

DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
23-7384631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, LUCILLE M
5832 LAKE LUCINA DR SO
JACKSONVILLE, FL 32211**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

UG0000147585
05/03/04-80114-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MACKIN, MICHAEL
5736 LAKE LUCINA DR. S.
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHRISTMANS, TROYE
2149 ALMIRA ST.
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FEUER, GAYE J
5841 DICKSON RD
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANGIOTTI, BETTY
5781 DICKSON RD
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EICHOLZ, KEN
2153 ALMIRA ST
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAWYER, FREIDA
5875 DICKSON RD
JACKSONVILLE, FL 32211**

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: GAYE J. FEUER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 1 29 '04 **904 743 1087**
Date Daytime Phone #