


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90071 028 ****61.25

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
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7384631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 53 ALMIRA ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, FREIDA 5875 DICKSON RD JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Gaye J Feuer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>April 3 2008</u> <small>Date</small>	<u>9047431087</u> <small>Daytime Phone #</small>
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