


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90031 013 \*\*\*\*70.00

<b>DOCUMENT # 707137</b> 1. Entity Name <b>LEMON BLUFF WATER ASSOCIATION, INC.</b>					
Principal Place of Business <b>LEMON BLUFF WATER ASSOC</b> <b>1147 LEMON BLUFF RD</b> <b>OSTEEN, FL 32764 US</b>			Mailing Address <b>LEMON BLUFF WATER ASSOC</b> <b>1147 LEMON BLUFF RD</b> <b>OSTEEN, FL 32764 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1092287</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ANDERSON, ALLEN</b> <b>1149 LEMON BLUFF ROAD</b> <b>OSTEEN, FL 32764</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEALY, CAROL</b> <input checked="" type="checkbox"/> Delete <b>1185 LEMON BLUFF RD</b> <b>OSTEEN, FL 32764</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>REID, DONALD L. (JR.)</b> <b>1075 LEMON BLUFF RD</b> <b>OSTEEN, FL 32764</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>ANDERSON, ALLEN</b> <b>1149 LEMON BLUFF ROAD</b> <b>OSTEEN, FL 32764</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BIRKENMEYER, ALLEN</b> <b>800 MAGNOLIA LN.</b> <b>OSTEEN, FL 32764</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>WHITTERN, LESLIE</b> <b>1147 LEMON BLUFF RD</b> <b>OSTEEN, FL 32764</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BIRKENMEYER, DALE</b> <b>976 SEMINOLE RD.</b> <b>OSTEEN, FL 32764</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MACMILLAN, JIM</b> <b>1191 LEMON BLUFF RD</b> <b>OSTEEN, FL 32764</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BROWN, SAM</b> <b>1129 LEMON BLUFF RD</b> <b>OSTEEN, FL 32764</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HUBBARD, FRANK</b> <b>1049 LEMON BLUFF RD</b> <b>OSTEEN, FL 32764</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Leslie Whittern</i> / LESLIE WHITTERN, 1/13/06 407-321-4092</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					