SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:26

DOCUMENT # **714725** **(9)**

1. Corporation Name

LAKE ASBURY COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
282 BRANSCOMB RD GREEN COVE SPRINGS FL 32043	282 BRANSCOMB RD GREEN COVE SPRINGS FL 32043

3. Date Incorporated or Qualified: 06/06/1968
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2176741 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	Same as above
Suite, Apt. #, etc. (22)	
City & State (23)	
Zip (24) / Country (25)	
2a. Mailing Address (26)	Same as above
Suite, Apt. #, etc. (27)	
City & State (28)	
Zip (29) / Country (30)	

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under F.S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HORTON, MARJORIE 540 ARTHUR MOORE DR. GREEN COVE SPRINGS FL 32043	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Same 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Marjorie Horton 3-13-95 original 6-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	HORTON, MARJORIE Treasurer	12 NAME	
STREET ADDRESS	540 ARTHUR MOORE DR	13 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000 32043	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GODFREY, JOHN Secretary	22 NAME	
STREET ADDRESS	553 BRANSCOMB RD	23 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000 32043	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GREEN, WANDA Vice Chairman	32 NAME	
STREET ADDRESS	712 SIMMONS TR	33 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000 32043	34 CITY-ST-ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	GAYWARD, HENDRY	42 NAME	
STREET ADDRESS	577 BRANSCOMB RD	43 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000 32043	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	PRESLEY, SHRADER	52 NAME	
STREET ADDRESS	547 SIMMONS TR	53 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000 32043	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GOFF, R. J.	62 NAME	
STREET ADDRESS	737 HAZELWOOD CT	63 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000 32043	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie Horton (original date Paper sent 3-13-95) 6-7-95 (904) 282-5970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001020