

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714725 (9)

1. Corporation Name

LAKE ASBURY COMMUNITY ASSOCIATION, INC.



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
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-2176741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under 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

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **T HORTON, MARJORIE**
STREET ADDRESS **540 ARTHUR MOORE DR**
CITY - ST - ZIP **GREEN COVE SPGS, FL00000**

TITLE ☐ DELETE
NAME **S GODFREY, JOHN**
STREET ADDRESS **553 BRANSCOMB RD**
CITY - ST - ZIP **GREEN COVE SPGS, FL00000**

TITLE ☐ DELETE
NAME **VC GREEN, WANDA**
STREET ADDRESS **712 SIMMONS TR**
CITY - ST - ZIP **GREEN COVE SPGS, FL00000**

TITLE ☐ DELETE
NAME **C GAYWARD, HENDRY**
STREET ADDRESS **577 BRANSCOMB RD**
CITY - ST - ZIP **GREEN COVE SPGS, FL00000**

TITLE ☐ DELETE
NAME **SD PRESLEY, SHRADER**
STREET ADDRESS **547 SIMMONS TR**
CITY - ST - ZIP **GREEN COVE SPGS, FL00000**

TITLE ☐ DELETE
NAME **D GOFF, R. J.**
STREET ADDRESS **737 HAZELWOOD CT**
CITY - ST - ZIP **GREEN COVE SPGS, FL00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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:

Wanda S. Green, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2-21-96* Daytime Phone #

CR2E037 (12/95)