

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

262 BRANSCOMB RD
GREEN COVE SPRINGS FL 32043

Mailing Address

262 BRANSCOMB RD
GREEN COVE SPRINGS FL 32043-5205

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/06/1968

3a. Date of Last Report

02/27/1996

4. FEI Number

59-2176741

Applied For

Not Applicable

5. Certificate of Statute Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 (deceased)
540 ARTHUR MOORE DR.
GREEN COVE SPRINGS FL 32043

81 Name

Wanda T. Green

82 Street Address (P.O. Box Number is Not Acceptable)

712 Simmons Trail

83

84 City

Green Cove Springs, FL

85 Zip Code

32043

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

Wanda T. Green

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HORTON, MARJORIE	
STREET ADDRESS	540 ARTHUR MOORE DR	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GODFREY, JOHN	
STREET ADDRESS	553 BRANSCOMB RD	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	GREEN, WANDA	
STREET ADDRESS	712 SIMMONS TR	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GAYWARD, HENDRY	
STREET ADDRESS	577 BRANSCOMB RD	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRESLEY, SHRADER	Resigned
STREET ADDRESS	547 SIMMONS TR	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOFF, R. J.	
STREET ADDRESS	737 HAZELWOOD CT	
CITY-ST-ZIP	GREEN COVE SPGS, FL00000	

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Addition
1.2 NAME	McCawley, James C.	
1.3 STREET ADDRESS	750 Hazelwood Court	
1.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
2.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Godfrey, John	
2.3 STREET ADDRESS	553 Branscomb Road	
2.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Green, Wanda T.	
3.3 STREET ADDRESS	712 Simmons Trail	
3.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
4.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hendry, Gayward	
4.3 STREET ADDRESS	577 Branscomb Rd.	
4.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
5.1 TITLE	Member D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Williamson, Ona	
5.3 STREET ADDRESS	755 Hazelwood Court	
5.4 CITY-ST-ZIP	GCS, 32043	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000508

CP2E037 (9/96)