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FILED
Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, WANDA T
712 SIMMONS TRAIL
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE
NAME **MCCAWLEY, JAMES C**
STREET ADDRESS **750 HAZELWOOD COURT**
CITY-ST-ZIP **GREEN COVE SPGS, FL00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILLIAMSON, ONA**
STREET ADDRESS **755 HAZELWOOD COURT**
CITY-ST-ZIP **GREEN COVE SPGS, FL00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:  **Gayward Hendry**

CR2E037 (10/97)