


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 714725</b> 1. Entity Name LAKE ASBURY COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 282 BRANSCOMB RD GREEN COVE SPRINGS, FL 32043		Mailing Address 282 BRANSCOMB RD GREEN COVE SPRINGS, FL 32043
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GREEN, WANDA T 712 SIMMONS TRAIL GREEN COVE SPRINGS, FL 32043		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GODFREY, JOHN 553 BRANSCOMB RD GREEN COVE SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, WANDA T 712 SIMMONS TR GREEN COVE SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HENDRY, GAYWARD 577 BRANSCOMB RD GREEN COVE SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD DAVIDSON, DOUG 690 SIMMONS TRAIL GREEN COVE SPRINGS, FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFF, R. J. 737 HAZELWOOD CT GREEN COVE SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: <u>Wanda T. Green</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Wanda T. Green January 7, 2006 <small>Date Daytime Phone #</small>



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2176741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

100000380457  
01/11/06-80014-021 61.25

**DO NOT WRITE  
IN THIS SPACE**