

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714725

FILED
Feb 12, 2009
Secretary of State

Entity Name: LAKE ASBURY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

282 BRANSCOMB RD
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

282 BRANSCOMB RD
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-2176741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, WANDA T
712 SIMMONS TRAIL
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: GODFREY, JOHN
Address: 553 BRANSCOMB RD
City-St-Zip: GREEN COVE SPRINGS, FL

Title: TD () Delete
Name: GREEN, WANDA T
Address: 712 SIMMONS TR
City-St-Zip: GREEN COVE SPRINGS, FL

Title: CD () Delete
Name: HENDRY, GAYWARD
Address: 577 BRANSCOMB RD
City-St-Zip: GREEN COVE SPRINGS, FL

Title: BMD () Delete
Name: DAVIDSON, DOUG
Address: 690 SIMMONS TRAIL
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: GOFF, R. J.,
Address: 737 HAZELWOOD CT
City-St-Zip: GREEN COVE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA T. GREEN

TRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date