

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718204

FILED
Apr 12, 2008
Secretary of State

Entity Name: LAKE COMO WATER ASSOCIATION, INC.

Current Principal Place of Business:

PALMER STREET
LAKE COMO, FL 321570102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 102
LAKE COMO, FL 321570102

New Mailing Address:

FEI Number: 59-1399304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODEN, JENNIFER R
304 3RD ST.
SATSUMA, FL 32189 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: P () Delete
Name: JOHNS, CHARLES
Address: P.O, BOX 300/ 125 HIGHLAND
City-St-Zip: LAKE COMO, FL 32157 US

Title: VP () Delete
Name: SAYLER, ROBERT
Address: P.O. BOX 62/ 249 TAYLOR FURY
City-St-Zip: LAKE COMO, FL 32157 US

Title: TREA () Delete
Name: THOMPSON, LLOYD
Address: P.O. BOX 308/ 116 GAY WHITE WAY
City-St-Zip: LAKE COMO, FL 32157 US

Title: SEC () Delete
Name: TAYLOR, RUTH
Address: P.O. BOX 433/ 242 TAYLOR FURY
City-St-Zip: LAKE COMO, FL 32157 US

Title: D () Delete
Name: GALLOWAY, BARBARA
Address: P.O. BOX 447/ 215 TAYLOR FURY
City-St-Zip: LAKE COMO, FL 32157

Title: D () Delete
Name: TREAT, ROBERT
Address: P.O. BOX 123/ 128 PRIOR
City-St-Zip: LAKE COMO, FL 32157 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNS, CHARLES
Address: P.O, BOX 300
City-St-Zip: LAKE COMO, FL 32157 US

Title: D (X) Change () Addition
Name: CRIDGE, EDMUND
Address: P.O. BOX 436
City-St-Zip: LAKE COMO, FL 32157 US

Title: D (X) Change () Addition
Name: ROBERTS, SUSAN
Address: P.O. BOX 331
City-St-Zip: LAKE COMO, FL 32157 US

Title: S (X) Change () Addition
Name: PETERSON, DOROTHY
Address: P.O. BOX 591
City-St-Zip: LAKE COMO, FL 32157 US

Title: T (X) Change () Addition
Name: GALLOWAY, BARBARA
Address: P.O. BOX 447
City-St-Zip: LAKE COMO, FL 32157

Title: D (X) Change () Addition
Name: TREAT, ROBERT
Address: P.O. BOX 123
City-St-Zip: LAKE COMO, FL 32157 US

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: CHARLES J JOHNS

P

04/12/2008

Electronic Signature of Signing Officer or Director

_____ Date