2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 727878

Entity Name: LAKE JUNE HILLS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

0811 LAKE PLACID
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1439
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2327672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMBICK, JAMES
109 WESLEY WAY
LAKE PLACID, FL 33852 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: T ( ) Delete
Name: EMBICK, BARBARA
Address: 109 WESLEY WAY
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: CANNE, DON
Address: 132 JADE WAY
City-St-Zip: LAKE PLACID, FL 33852

Title: P ( ) Delete
Name: EMBICK, JIM
Address: 109 WESLEY WAY
City-St-Zip: LAKE PLACID, FL 33852

Title: VP ( ) Delete
Name: CARD, WILBUR
Address: 145 JADE WAY
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: SIMMERMAN, JACK
Address: 126 JADE WAY
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: GIBBS, ROBERT E
Address: 132 HUNTLEY OAKS BLVD
City-St-Zip: LAKE PLACID, FL 33852

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT E GIBBS D 01/06/2005
Electronic Signature of Signing Officer or Director — Date